

Case Number:	CM15-0034057		
Date Assigned:	03/02/2015	Date of Injury:	11/05/2013
Decision Date:	04/22/2015	UR Denial Date:	02/04/2015
Priority:	Standard	Application Received:	02/24/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: Illinois, California, Texas
 Certification(s)/Specialty: Orthopedic Surgery

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 30-year-old male who sustained an industrial injury on 11/05/13. Injury to the right knee occurred when he slipped in a hallway. The right knee locked up, but symptoms resolved with time and rest. Recently, his knee gave out when he began to run and since then he reported mechanical clicking, locking, and popping symptoms. Conservative treatment included rest, heat/cold, ice, and elevation. The 1/27/15 treating physician report cited persistent right knee pain with clicking, locking, and popping symptoms. Pain was reported grade 5/10, and exacerbated by activity. Right knee exam documented no effusion, range of motion 0-120 degrees, no crepitus with arc of motion, no tenderness to palpation, no instability, and normal strength. McMurray's was positive. MRI of the right knee showed medial meniscus tear rule-out other internal derangements such as loose bodies and articular cartilage changes and defects. The treatment plan recommended right knee arthroscopy with partial meniscectomy versus meniscal repair or combinations. The 2/04/15 utilization review denied associated surgical services: cane, associated surgical services: ice gel packs x 2, associated surgical services: post-op physical therapy, associated surgical services: pre-op medical clearance and right knee arthroscopy with partial medial meniscectomy. The rationale for denial was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Right knee arthroscopy with partial medial meniscectomy: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343-345.

Decision rationale: The California MTUS guidelines state that surgical consideration may be indicated for patients who have activity limitation for more than one month and failure of exercise programs to increase range of motion and strength of the musculature around the knee. Guidelines support arthroscopic partial meniscectomy for cases in which there is clear evidence of a meniscus tear including symptoms other than simply pain (locking, popping, giving way, and/or recurrent effusion), clear objective findings, and consistent findings on imaging. Guideline criteria have been met. This patient presents with right knee pain and mechanical symptoms of clicking, locking and popping, following an episode when his knee gave out as he started to run. Clinical exam findings are consistent with imaging evidence of medial meniscus tear. Reasonable conservative treatment, including ice and activity modification, have been tried and failed. Therefore, this request is medically necessary.

Associated Surgical Services: Pre-op medical clearance: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Institute for Clinical Systems Improvement (ICSI). Preoperative evaluation. Bloomington (MN): Institute for Clinical Systems Improvement (ICSI); 2010 Jun. 40 p.

Decision rationale: The California MTUS guidelines do not provide recommendations for pre-operative medical clearance. Evidence based medical guidelines indicate that a basic pre-operative assessment is required for all patients undergoing diagnostic or therapeutic procedures. Guideline criteria have been met based on the risks of anesthesia. Therefore, this request is medically necessary.

Associated Surgical Services: Post-op physical therapy: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 24.

Decision rationale: The California MTUS Post-Surgical Treatment Guidelines for meniscectomy suggest a general course of 12 post-operative visits over 12 weeks during the 6-

month post-surgical treatment period. An initial course of therapy would be supported for one-half the general course or 6 visits. If it is determined that additional functional improvement can be accomplished after completion of the general course of therapy, physical medicine treatment may be continued up to the end of the postsurgical physical medicine period. Post-operative physical therapy for this patient would be reasonable within the MTUS recommendations. However, this request is for an unknown amount of treatment which is not consistent with guidelines. Therefore, this request is not medically necessary.

Associated Surgical Services: Cane: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg, Walking aids (canes, crutches, braces, orthoses, & walkers).

Decision rationale: The California MTUS guidelines do not provide specific guidelines for post-op ambulatory assistant devices. The Official Disability Guidelines state that disability, pain, and age-related impairments determine the need for a walking aid. Assistive devices can reduce pain and allow for functional mobility. The use of a cane is reasonable to allow for early post-op functional mobility. Therefore, this request is medically necessary.

Associated Surgical Services: Ice gel packs x 2: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 338.

Decision rationale: The California MTUS guidelines recommend the use of at-home applications of cold packs in the first few days of acute complaints. The post-operative use of ice packs would be consistent with guidelines. Therefore, this request is medically necessary.