

Case Number:	CM15-0042540		
Date Assigned:	03/12/2015	Date of Injury:	07/08/2013
Decision Date:	04/15/2015	UR Denial Date:	02/19/2015
Priority:	Standard	Application Received:	03/06/2015

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 55-year-old male who sustained an industrial injury on 7/8/13. Injury occurred when he slipped and fell, hitting his head on the truck step and falling on concrete. Records documented functional difficulty with walking, standing, climbing stairs, bending, and sleeping. The 12/17/14 right knee MRI impression documented myxoid degeneration and a radial tear of the junction of the midbody and posterior horn of the medial meniscus, and a small horizontal parameniscal cyst arising from the midbody of the lateral meniscus. There was focal grade 2 chondral thinning medial femoral condyle. Conservative treatment included bracing, activity modification, anti-inflammatory medications, TENS unit, and physical therapy. The 1/26/15 treating physician report cited right knee pain, weakness, and giving way. Physical exam documented antalgic gait, medial joint line tenderness, and positive McMurray's test. The diagnosis was medial meniscus tear. The treatment plan recommended right knee arthroscopic medial meniscus repair and debridement consistent with the AME recommendations, and internal medicine pre-operative clearance. The 2/19/15 utilization review non-certified the requests for right knee arthroscopic medial meniscus repair surgery and debridement, and internal medicine pre-operative clearance.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Knee Arthroscopic Medical Meniscus Repair SX & debridement: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

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 persistent function limiting right knee pain and giving way. Clinical exam findings are consistent with imaging evidence of meniscal pathology. Detailed evidence of a recent, reasonable and/or comprehensive non-operative treatment protocol trial and failure has been submitted. Therefore, this request is medically necessary.

Internal Medicine Preoperative Clearance: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)
<http://www.guideline.gov/content.aspx?id=48408>.

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. Middle aged males have known occult increased medical/cardiac risk factors. Given these clinical indications, this request is medically necessary.