

Case Number:	CM15-0044578		
Date Assigned:	03/16/2015	Date of Injury:	11/18/2014
Decision Date:	05/01/2015	UR Denial Date:	02/14/2015
Priority:	Standard	Application Received:	03/09/2015

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: Minnesota, Florida

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 24-year-old male. On 11/18/2014, he was apprehending a shoplifter when he fell. The shoplifter and coworker fell on him as well. He heard a pop and experienced pain in his left knee. Initial x-rays revealed a possible medial tibial plateau fracture. A CT scan of the left knee dated 12/7/2014 is noted. The impression was comminuted fracture of the articular surface of the tibia with multiple osseous fragments along the articular surface without significant displacement, or angulation. Articulation is maintained at the knee joint. An x-ray of the left knee dated 12/8/2014 revealed near anatomic alignment between the proximal and distal osseous fragments of the tibial eminence. An MRI scan of the left knee and dated 1/16/2015 revealed increased marrow signal intensity in the subchondral region of the proximal tibia. Findings suspicious for a subchondral fracture small effusion. The anterior cruciate ligament and posterior cruciate ligament were intact. Lateral meniscus appeared intact. Medial meniscus also appeared intact. The medial and lateral collateral ligaments were intact. The documentation from 2/3/2015 indicates a range of motion of 20° to 70-80° of flexion. Physical therapy had been started but he was having difficulty due to pain. There was some joint effusion present. A request for arthroscopy of the left knee with lysis of adhesions, anterior interval release, manipulation under anesthesia, possible tibial fracture fixation, possible meniscal repair versus meniscectomy, left knee was noncertified by utilization review. This is now appealed to an independent medical review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Purchase of polar care unit, left knee: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343-345. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) - Knee and Leg, Continuous-flow cryotherapy.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343 and 344.

Decision rationale: Since the surgery as requested is not medically necessary, the request for purchase of a polar care unit for post-operative use is also not medically necessary.

Arthroscopy, lysis of adhesion, anterior interval release, manipulation under anesthesia possible tibial fixation, possible meniscal repair vs meniscectomy left knee: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343-345. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment index, 13th Edition (Web), 2015, Knee and Leg, Manipulation under anesthesia (MUA), Meniscectomy, Open reduction internal fixation (ORIF).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343 and 344. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Section: Knee, Topic: Manipulation under anesthesia, Open reduction internal fixation.

Decision rationale: California MTUS guidelines indicate surgical considerations for failure of exercise programs to increase range of motion and strength of the musculature around the knee. The available documentation does not indicate a satisfactory trial of physical therapy to improve range of motion and strength. Arthroscopic partial meniscectomy usually has a high success rate for cases in which there is clear evidence of a meniscus tear. The MRI scan did not show any evidence of meniscus tear. As such, arthroscopic partial meniscectomy is not necessary. ODG guidelines recommend open reduction internal fixation as an option for fractures when radiographic evidence suggests a displaced fracture or comminuted fracture or an open fracture with bone protrusion. The imaging studies do not suggest displacement of the tibial plateau fracture. Follow-up x-rays have revealed evidence of healing. As such the request for open reduction internal fixation is not supported. ODG guidelines indicate manipulation under anesthesia should be attempted only after a trial of 6 weeks or more of conservative treatment including exercise, physical therapy, and joint injections. Such a trial has not been documented. In light of the above, the request for arthroscopy of the left knee with lysis of adhesions, anterior interval release, and manipulation under anesthesia, possible tibial fracture fixation, and possible meniscal repair versus meniscectomy is not supported and the medical necessity of the request has not been substantiated.

