

Case Number:	CM15-0083464		
Date Assigned:	05/05/2015	Date of Injury:	04/26/2012
Decision Date:	07/01/2015	UR Denial Date:	04/09/2015
Priority:	Standard	Application Received:	04/30/2015

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 62-year-old female who sustained an industrial injury on 4/26/12, relative to a trip and fall. She sustained a left knee patella fracture and left wrist fracture. She underwent open reduction and internal fixation of the left knee patella fracture on 4/27/12, and subsequent hardware removal, arthroscopic partial medial meniscectomy and chondroplasty on 6/7/13. Past medical history was positive for diabetes mellitus, kidney disease and hypertension. The 2/3/15 right knee MRI impression documented oblique flap tear extending to the inferior articular margin of the posterior horn of the medial meniscus. There was moderate grade marrow edema of the posterolateral tibial plateau, suggestive of osseous contusion/trabecular bone injury, and moderate grade patellofemoral chondromalacia. The 4/3/15 treating physician report cited on-going grade 7/10 right knee pain. Right knee exam documented bilateral joint line tenderness with crepitus. There was pain on motion which was reduced to 95 degrees of flexion with pain. The injured worker was unable to perform partial deep knee bend due to severe pain. The diagnosis included knee fracture status post two surgeries including patellar open reduction and internal fixation and closed treatment of radial head fracture, and significant post-surgical knee chondromalacia patella with early arthrosis. Authorization was pending for arthroscopy surgery of the right knee due to meniscal tearing. Additional requests included a pair of crutches, pre-operative medical clearance and post-operative physical therapy x 8 sessions. The 4/9/15 utilization review non-certified the right knee arthroscopy and associated surgical requests as there was no evidence of that imaging was inconclusive to support a diagnostic arthroscopy.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Right knee arthroscopy: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), criteria for diagnostic arthroscopy.

MAXIMUS 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: Meniscectomy.

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. The Official Disability Guidelines criteria for meniscectomy include conservative care (exercise/physical therapy and medication or activity modification) plus at least two subjective clinical findings (joint pain, swelling, feeling or giving way, or locking, clicking or popping), plus at least two objective clinical findings (positive McMurray's) joint line tenderness, effusion, limited range of motion, crepitus, or locking, clicking, or popping), plus evidence of a meniscal tear on MRI. Guideline criteria have not been met. This injured worker presents with on-going right knee pain. Clinical exam findings were consistent with imaging evidence of a meniscal tear. However, there was no documentation in the records of recent or current mechanical symptoms. Detailed evidence of a recent, reasonable and/or comprehensive non-operative treatment protocol trial and failure has not been submitted. Therefore, this request is not medically necessary at this time.

A Pair of crutches: Upheld

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: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

1 Pre-op medical clearance: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

8 Post-operative physical therapy visits: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.