

Case Number:	CM14-0121027		
Date Assigned:	09/16/2014	Date of Injury:	03/06/2013
Decision Date:	10/16/2014	UR Denial Date:	07/17/2014
Priority:	Standard	Application Received:	07/31/2014

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. The expert reviewer is Board Certified in Orthopedic Surgery and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

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

This 63-year-old female packer sustained an industrial injury on 3/6/13 relative to a trip and fall. Records documented continued pain and mechanical symptoms. There was crepitus with active and passive range of motion and positive McMurray's. Conservative treatment was reported including physical therapy, home exercise, anti-inflammatory medications, and activity modification without sustained improvement. The 3/6/14 left knee MRI impression documented chondromalacia of the patella with subchondral edema, small effusion, and small marginal osteophytes in the medial and lateral compartments. There were complex horizontal tears of the posterior horn of the medial meniscus and horizontal tear of the posteromedial lateral meniscus. The 7/4/14 treating physician report cited significant medial left knee pain that had not responded to conservative treatment measures. Knee pain was reported grade 6-7/10 and increased with prolonged standing, walking or climbing stairs. Pain was better with rest and medications. Left knee exam documented medial knee tenderness, positive McMurray's sign, active patellofemoral crepitus, and crepitus with passive range of motion. Conservative treatment had included over 20 sessions of physical therapy, activity modification, and anti-inflammatory medications. The patient remained symptomatic with positive findings for medial meniscus tear and was indicated for arthroscopy. She was not working. The 7/17/14 utilization review denied the left knee arthroscopic partial meniscectomy as there was no evidence of appropriate attempts at conservative treatment, no standing films to documented alignment and assesses joint space, and no evidence of mechanical symptoms.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left Knee Arthroscopy , partial Meniscectomy: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 344-345. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Surgery- Meniscectomy, Chondroplasty

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343-345, 347. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg, Meniscectomy

Decision rationale: The California MTUS 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 been met. This patient has persistent knee pain, functional limitation, and reported mechanical symptoms. Clinical exam and imaging findings are consistent with meniscal tear. Guideline-recommended conservative treatment has been tried and has failed. Therefore, this request is medically necessary.

Preoperative 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 Other Medical Treatment Guideline or Medical Evidence: Practice advisory for preanesthesia evaluation: an updated report by the American Society of Anesthesiologists Task Force on Preanesthesia Evaluation. Anesthesiology 2012 Mar; 116(3):522-38

Decision rationale: The California MTUS guidelines do not provide recommendations for this service. 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 females have known occult increased medical/cardiac risk factors. Therefore, this request is medically necessary.

Postoperative Physical Therapy 2 times a week for 6 weeks: Overturned

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

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

Decision rationale: The California 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. This is the initial request for post-operative physical therapy and, although it exceeds recommendations for initial care, is within the recommended general course. Therefore, this request is medically necessary.

Crutches: 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): 338-340. 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 support the use of crutches for partial weight bearing for patients with knee complaints. 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 post-operative use of crutches is consistent with guidelines. Therefore, this request is medically necessary.

Polar Care 7 space rental DVT (deep vein thrombosis): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

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, Continuous flow cryotherapy, Venous Thrombosis

Decision rationale: The California MTUS guidelines are silent with regard to cold therapy units and deep vein thrombosis (DVT) prophylaxis. The Official Disability Guidelines (ODG) state that continuous-flow cryotherapy is an option for up to 7 days in the post-operative setting following knee surgery. The available scientific literature is insufficient to document that the use of continuous-flow cooling systems (versus ice packs) is associated with a benefit beyond convenience and patient compliance (but these may be worthwhile benefits) in the outpatient setting. There is insufficient evidence to support the efficacy of a cold therapy unit over standard cold packs. The ODG recommend identifying subjects who are at a high risk of developing venous thrombosis and providing prophylactic measures, such as consideration for anticoagulation therapy. There are limited DVT risk factors identified for this patient. There is no

documentation that anticoagulation therapy would be contraindicated, or standard compression stockings insufficient, to warrant the use of mechanical prophylaxis. Therefore, this request is not medically necessary.