

Case Number:	CM14-0132449		
Date Assigned:	08/22/2014	Date of Injury:	09/27/2011
Decision Date:	09/24/2014	UR Denial Date:	08/12/2014
Priority:	Standard	Application Received:	08/19/2014

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 50-year-old female nursing attendant sustained an industrial injury on 9/27/11. Injury occurred when her left knee gave out and popped while walking at work. Later that day, her right knee did the same thing. Past surgical history was positive for left knee lateral meniscectomy on 2/4/13. The patient was being treated for multiple claims involving the neck, right shoulder, arm, low back, leg, ankle, foot, and knees. The 7/2/14 orthopedic report cited grade 4 right knee pain that often increased to grade 8/10 at the end of the day with swelling. Left knee was pain grade 3/10 and felt much better since surgery in February 2013. Knee exam documented antalgic gait, no swelling, quadriceps mechanism intact, range of motion 0-130 degrees bilaterally, 5/5 gross muscle strength, negative apprehension test, and negative McMurray's bilaterally. Drawer sign was 2+ bilaterally. Pivot shift and anterior drawer were negative bilaterally. There was patellofemoral crepitation bilaterally. Collateral ligament stability was intact bilaterally. X-ray findings of both knees were normal. The diagnosis was bilateral knee pain and chondromalacia patella. The 7/14/14 left knee MRI impression documented interval lateral meniscectomy with complex re-tear of the meniscus. There was a sprain of the fibular collateral ligament at its femoral insertion. There was impingement of the superolateral Hoffa's fat pad suggestive of patellar mal-tracking and associated grade 1 chondromalacia of the lateral aspect of the patellofemoral joint. There was interval enlargement of the popliteal cyst, containing few internal fibrous bands and debris. The 7/25/14 treating physician report stated exam and x-rays of the knees were unremarkable. MRIs were reviewed. An exercise program for quadriceps strengthening was recommended for the right knee. Surgery was requested for the left knee to include partial lateral meniscectomy, lateral release and chondroplasty. The 8/12/14 utilization review denied the left knee surgery and associated requests as there was no documentation of conservative treatment or comprehensive left knee exam to support the medical necessity of

surgery consistent with guideline criteria. Records indicated that conservative treatment for the knees had included activity limitations, knee supports, cane, and medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Surgery arthroscopic partial lateral meniscectomy ,lateral release and chondroplasty for the left knee quantity: 1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

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) C.

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, 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. Indications for lateral release include physical therapy or medications. Clinical exam findings should include lateral tracking of the patella, recurrent effusion, patellar apprehension, synovitis with or without crepitus, and Q angle greater than 15 degrees. Imaging findings of abnormal patellar tilt are required. Criteria for chondroplasty include evidence of conservative care (medication or physical therapy), plus joint pain and swelling, plus effusion or crepitus or limited range of motion, plus a chondral defect on MRI. Guideline criteria have not been met. There is no detailed documentation that recent comprehensive guideline-recommended conservative treatment had been tried and failed. Records do not indicate the patient had symptoms other than mild pain. Clinical knee exam was reported unremarkable, with only some patellofemoral crepitus with motion and negative McMurray's. Therefore, this request is not medically necessary.

Medical clearance pre-operative quantity: 1: 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).

Decision rationale: As the surgical request is not supported, this request is not medically necessary.

X-ray pre-operative , two views of the chest quantity: 1: Upheld

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

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: ACR Appropriateness Criteria® routine admission and preoperative chest radiography. R.

Decision rationale: As the surgical request is not supported, this request is not medically necessary.

X-ray pre-operative of the left knee quantity: 1:

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): 347.

Decision rationale: As the surgical request is not supported, this request is not medically necessary.

Laboratory test, pre-operative to include CBC, Sed Rate, PT, PTT, Urine, CRP, Hepatic, Chem-8. Quantity: 1: Upheld

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

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.

Decision rationale: As the surgical request is not supported, this request is not medically necessary.

Physical therapy post op three times a week for four weeks quantity:12: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 341, 343-345, Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 24-25.

Decision rationale: As the surgical request is not supported, this request is not medically necessary.