

Case Number:	CM14-0149052		
Date Assigned:	09/18/2014	Date of Injury:	12/24/2008
Decision Date:	11/05/2014	UR Denial Date:	08/13/2014
Priority:	Standard	Application Received:	09/13/2014

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 Physical Medicine & Rehabilitation, and is licensed to practice in Texas. 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:

The injured worker is a 48-year-old female who reported an injury on 12/24/2008. The mechanism of injury was twisting. She was diagnosed with lateral meniscus tears of the bilateral knees. Her past treatments were noted to include physical therapy, self-directed exercise, NSAIDs, and muscle relaxants. The documentation indicated that MRI scans of the bilateral knees in 04/2014 demonstrated a complex tear of the posterior lateral meniscus in both knees. Her surgical history included a right knee meniscal debridement in 2009. On 07/17/2014, the injured worker presented with complaints of pain in the bilateral knees with swelling and catching. It was specified that her previous surgery had relieved her pain at the medial joint line but she had ongoing lateral joint line pain about the right knee as well as the left. It was also noted that she reported swelling, catching, and intermittent locking episodes in the bilateral knees. Her physical examination revealed tenderness about the lateral joint line of both knees, positive McMurray's tests bilaterally, and decreased range of motion bilaterally. Her medications were noted to include Motrin and Norflex. A recommendation was made for arthroscopic meniscectomy and debridement of both the right and left knees due to persistent symptomatology and failure to improve with conservative treatment. It was also noted that preoperative cardiology clearance was recommended as she had a high BMI and was overweight. The Request for Authorization form was not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Arthroscopic meniscectomy and debridement of right knee: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints
Page(s): 343-345.

Decision rationale: According to the California MTUS/ACOEM Guidelines, surgery may be considered for patients with knee complaints when there have been activity limitations for more than 1 month and participation in exercise programs have failed to increase range of motion and strength of the musculature around the knee. In regard to meniscal tears, the guidelines state that arthroscopic partial meniscectomy has a high success rate when there is clear evidence of a meniscus tear with symptoms other than simple pain, such as locking, popping, giving way, and recurrent effusion. Also, the documentation needs to show clear objective signs of a meniscal tear on examination with tenderness over the suspected tear but not over the entire joint line and lack of full passive flexion. Also, there need to be consistent findings on MRI. The clinical information submitted for review indicated that the injured worker had failed conservative treatment and had persistent mechanical symptoms and evidence of meniscal tears on physical examination and MRI. However, the MRI reports of the left and right knee were not provided for review to verify findings. In the absence of the MRI reports to correlate with physical examination findings, the request is not supported. As such, the request is not medically necessary.

Arthroscopic meniscectomy and debridement of left knee: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Meniscectomy, Chondroplasty

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints
Page(s): 343-345.

Decision rationale: According to the California MTUS/ACOEM Guidelines, surgery may be considered for patients with knee complaints when there have been activity limitations for more than 1 month and participation in exercise programs have failed to increase range of motion and strength of the musculature around the knee. In regard to meniscal tears, the guidelines state that arthroscopic partial meniscectomy has a high success rate when there is clear evidence of a meniscus tear with symptoms other than simple pain, such as locking, popping, giving way, and recurrent effusion. Also, the documentation needs to show clear objective signs of a meniscal tear on examination with tenderness over the suspected tear but not over the entire joint line and lack of full passive flexion. Also, there need to be consistent findings on MRI. The clinical information submitted for review indicated that the injured worker had failed conservative treatment and had persistent mechanical symptoms and evidence of meniscal tears on physical examination and MRI. However, the MRI reports of the left and right knee were not provided for review to verify findings. In the absence of the MRI reports to correlate with physical

examination findings, the request is not supported. As such, the request is not medically necessary.

Cardiology clearance for surgery: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.guideline.gov/content.aspx?id=38289> Preoperative evaluation

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low back, Preoperative testing, general.

Decision rationale: According to the Official Disability Guidelines, the need for preoperative testing should be guided by the patient's clinical history, comorbidities, and physical examination findings. The clinical information submitted for review indicated that the injured worker had an increased BMI and therefore was recommended for preoperative cardiology clearance. However, the submitted documentation shows that she had normal blood pressure, no evidence of diabetes, she did not smoke or abuse alcohol, and she was in good general health. Based on this information, the medical necessity of a cardiology consult for preoperative clearance has not been established. Additionally, the requests for surgery were found to be not medically necessary. Therefore, preoperative clearance is also not supported. For the reasons noted above the request is not medically necessary.

Post-operative physical therapy three times per week, knees: Upheld

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

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.

Rental per day, hot/cold therapy unit with compression, knees QTY 28: 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)- Continuous-flow cryotherapy

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.