

Case Number:	CM14-0185357		
Date Assigned:	11/13/2014	Date of Injury:	10/01/2012
Decision Date:	12/19/2014	UR Denial Date:	10/09/2014
Priority:	Standard	Application Received:	11/06/2014

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 is a 43 year old male with a 10/1/12 injury date. He jumped over a puddle of water while exiting the room where he was painting. In a 3/3/14 note, the patient complained of frequent right knee pain of 2/10 that improved with rest and increased with walking. There was night pain and grinding as well. In a 9/29/14 note, the patient complained of chronic right knee pain. Objective findings included medial sided joint line tenderness, positive McMurray's, and reduced range of motion. In a 10/2/14 note, the patient complained 6/10 right knee pain over the medial portion of the knee, that comes on with prolonged kneeling, walking, bending, or descending stairs. Objective findings included decreased right knee range of motion, medial joint line tenderness, positive McMurray's, and audible crepitus. A right knee MRI on 1/14/13 revealed partial thickness patellar chondromalacia and evidence of a small tear vs. intrasubstance degeneration of the posterior medial meniscus. A 5/10/13 right knee MR arthrogram was normal. The provider requested authorization for right knee arthroscopy with partial medial meniscectomy. Diagnostic impression: right knee medial meniscus tear, patellar chondromalacia. Treatment to date: physical therapy, medications, modified activity. A UR decision on 10/9/14 denied the request for right knee arthroscopy because the guideline criteria for medical necessity were not met. The requests for pre-op care, post-op therapy, and polar care, crutches, and DVT machine were denied because the associated surgical procedure was not certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Associated Surgical Service: Right knee arthroscopy: 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), Knee Indications for Surgery.

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 Chapter--Meniscectomy.

Decision rationale: CA MTUS states that arthroscopic partial meniscectomy usually has a high success rate for cases where there is clear evidence of a meniscus tear, symptoms other than simply pain, clear signs of a bucket handle tear on examination, and consistent findings on MRI. In addition, ODG criteria for meniscectomy include failure of conservative care. In this case, the patient appears to meet the guideline criteria for the provider's request of right knee arthroscopy with partial meniscectomy. There is evidence on MRI of a small posterior medial meniscus tear. This lesion correlates with exam findings of medial joint line pain, limited motion, and positive McMurray's sign. There are positive subjective symptoms of crepitus and night pain. Appropriate conservative measures have included physical therapy, anti-inflammatories, and activity modification. Therefore, the request for right knee arthroscopy is medically necessary.

Associated Surgical Service: pre-operative care: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACC/AHA 2007 Guidelines on Perioperative Cardiovascular Evaluation and Care for Non-cardiac Surgery

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: ACC/AHA 2007 Guidelines on Perioperative Cardiovascular Evaluation and Care for Non-Cardiac Surgery.

Decision rationale: CA MTUS does not address this issue. The ACC/AHA 2007 Guidelines on perioperative cardiovascular evaluation and care for non-cardiac surgery state that in the asymptomatic patient, a more extensive assessment of history and physical examination is warranted in those individuals 50 years of age or older. However, this patient is not over 50 years of age and there is no documentation of medical comorbidities. There is no discussion of exceptional factors that would necessitate pre-op medical evaluation, and arthroscopy is low-risk surgery. Therefore, the request for pre-operative care is not medically necessary.

Associated surgical service: post-operative therapy to the right knee two times a week for six weeks: Overturned

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: CA MTUS supports 12 physical therapy sessions over 12 weeks after arthroscopic meniscectomy. The requested 2 sessions/week over 6 weeks is within the guideline criteria. Therefore, the request for post-operative therapy to the right knee two times a week for six weeks is medically necessary.

Associated Surgical Service: Polar Care: Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Knee Chapter--Continuous-Flow Cryotherapy.

Decision rationale: CA MTUS does not address this issue. ODG states that continuous-flow cryotherapy is recommended as an option after surgery, but not for nonsurgical treatment. Postoperative use generally may be up to 7 days, including home use. Given the certification of the surgical procedure, a 7-day rental of a cold therapy unit during the immediate post-op period is appropriate. Therefore, the request for polar care is medically necessary.

Associated surgical service: crutches: Overturned

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

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 Chapter--Walking aids

Decision rationale: CA MTUS does not address this issue. ODG states that walking aids are recommended, with almost half of patients with knee pain possessing a walking aid. Given the certification of the surgical procedure, post-operative crutches are appropriate. Therefore, the request for crutches is medically necessary.

Associated surgical service: DVT machine: 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), Knee and Leg Chapter

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 Chapter--Vasopneumatic devices.

Decision rationale: CA MTUS does not address this issue. ODG states that Vasopneumatic devices are recommended as an option to reduce edema after acute injury. Vasopneumatic devices apply pressure by special equipment to reduce swelling or for home-use as an option for the treatment of lymphedema after a four-week trial of conservative medical management that includes exercise, elevation and compression garments. However, the patient does not have an acute injury, evidence of risk factors for deep vein thrombosis (DVT), and arthroscopic surgery is considered low-risk for developing DVT. Therefore, the request for DVT machine is not medically necessary