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| Case Number: | CM14-0027605 | | |
| Date Assigned: | 06/13/2014 | Date of Injury: | 10/22/2012 |
| Decision Date: | 08/15/2014 | UR Denial Date: | 02/18/2014 |
| Priority: | Standard | Application Received: | 03/04/2014 |

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 31-year-old male landscape worker sustained an industrial injury on 10/22/12, due to a trip and fall over a tree branch, landing on his right knee and twisting his foot. The 1/12/13 right knee MRI findings documented a vertical radial tear of the posterior horn of the medial meniscus, near complete full thickness anterior cruciate ligament (ACL) tear, and possible tear of the meniscomeniscal ligament. The 1/27/14 treating physician report cited intermittent aching right knee pain with intermittent numbness into the calf. Difficulty was reported with walking due to an insecure feeling in the knee. Pain is worse with walking or turning the knee to the side. Right knee exam documented medial and lateral joint line tenderness with trace effusion. Range of motion was 0-130 degrees with pain in flexion, circumduction, and McMurray testing. There was a grade 2B Lachman and stable posterior drawer and varus/valgus stress test. The patient had persistent pain and instability and had undergone extensive physical therapy and bracing without improvement. Right knee arthroscopy, partial medial meniscectomy, and ACL reconstruction, with Achilles allograft was recommended. Extensive post-operative physical therapy would be warranted with TED hose for deep vein thrombosis prophylaxis. The 2/18/14 utilization review denied the request for right knee arthroscopic surgery and the associated requests based on the absence of documented medical necessity consistent with guidelines, relative to exercise and findings of complete ACL tear. The 3/10/14 appeal note stated that the patient had exhausted all conservative treatment, including physical therapy, cortisone injections, medications, and bracing. He still has pain and instability with MRI documentation of ACL and medial meniscus tears.

IMR ISSUES, DECISIONS AND RATIONALES

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

RIGHT KNEE ARTHROSCOPY: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM.

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, Anterior cruciate ligament (ACL) reconstruction, Meniscectomy.

Decision rationale: The Official Disability Guidelines provide specific surgical indications for meniscectomy and anterior cruciate ligament (ACL) reconstruction that require subjective and clinical findings consistent with imaging evidence of a meniscal tear and ACL disruption. The patient has met surgical indications for the requested meniscectomy and ACL reconstruction. Therefore, this request for right knee arthroscopy is medically necessary and appropriate.

ANTERIOR CRUCIATE LIGAMENT RECONSTRUCTION WITH ACHILLES ALLOGRAFT OUTPATIENT: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM.

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, Anterior cruciate ligament (ACL) reconstruction.

Decision rationale: The Official Disability Guidelines for ACL reconstruction generally require physical therapy or bracing, plus subjective clinical findings of pain with instability of the knee or significant effusion at the time of injury or description of injury indicates rotary twisting or hyperextension incident. Objective clinical findings should demonstrate positive Lachman's sign, positive pivot shift, or positive KT 1000, and imaging findings of ACL disruption. Guideline criteria have been met. The patient sustained an original twisting injury and has failed to improve despite reasonable physical therapy and bracing. Subjective and clinical findings of instability are documented. Imaging evidenced a near complete full thickness ACL tear. Therefore, this request for outpatient anterior cruciate ligament reconstruction with Achilles allograft is medically necessary.

PARTIAL MEDIAL MENISECTOMY: 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 Official Disability Guidelines (ODG) Knee and Leg, Meniscectomy.

Decision rationale: 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. Subjective and objective clinical exam findings have been documented consistent with imaging findings of a meniscal tear. There is documentation that guideline-recommended conservative non-operative treatment had been tried and failed. Therefore, this request for partial medial meniscectomy is medically necessary.

PREOPERATIVE LABS: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.medscape.com/medline/abstract/8441296> Macpherson DS, Preoperative laboratory testing: should any tests be "routine" before surgery? Med Clin North Am. Mar 1993;77(2):289-308.

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: Evidence based medical guidelines indicate that most laboratory tests are not necessary for routine procedures unless a specific indication is present. Indications for such testing should be documented and based on medical records, patient interview, physical examination, and type and invasiveness of the planned procedure. Guidelines criteria have not been met. There is no specific medical indication provided for pre-operative lab testing in this healthy 31-year-old male with a negative past medical history. Although basic lab testing is typically supported for patients undergoing general anesthesia, the medical necessity of a non-specific request cannot be established. Therefore, this request for pre-operative labs is not medically necessary.

POST-OPERATIVE PHYSICAL THERAPY 2-3X4-6: Overturned

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

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

Decision rationale: The MTUS Postsurgical Treatment Guidelines for anterior cruciate ligament repair suggest a general course of 24 post-operative physical medicine visits over 16 weeks, during the 6-month post-surgical treatment period. An initial course of therapy would be supported for one-half the general course or 12 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 period. Guideline criteria have been met for an initial course of physical therapy. The submitted request for 8 to 18 visits exceeds the recommended initial course of treatment but is within the general course of care. Therefore, this request is medically necessary.

THIGH HIGH TED HOSE STOCKING: 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 Official Disability Guidelines (ODG) Knee and Leg, Compression garments.

Decision rationale: The Official Disability Guidelines recommend compression garments and state that there is good evidence for the use of compression in DVT prophylaxis. Therefore, this request for a thigh high TED hose stocking is medically necessary.

CRUTCHES: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG (<http://www.odgtwc.com/odgtwc/knee.htm>).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 388-340.

Decision rationale: The ACOEM Guidelines support the use of crutches for partial weight bearing for patients with cruciate ligament tears. 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 for crutches is medically necessary.

RIGHT KNEE IMMOBILIZER: 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 Official Disability Guidelines (ODG) Knee and Leg, Knee brace.

Decision rationale: The Official Disability Guidelines support the use of pre-fabricated braces following ligament reconstruction. The post-op use of a right knee immobilizer following

anterior cruciate ligament reconstruction is consistent with guidelines. Therefore, this request for a right knee immobilizer is medically necessary.