

Case Number:	CM15-0011359		
Date Assigned:	01/28/2015	Date of Injury:	10/03/2007
Decision Date:	03/19/2015	UR Denial Date:	12/17/2014
Priority:	Standard	Application Received:	01/20/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: Illinois, California, Texas
 Certification(s)/Specialty: Orthopedic Surgery

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 51 year old man sustained an industrial injury on 10/3/2007. The mechanism of injury was not detailed. Treatment was documented to include medications. The 10/14/14 orthopedic report cited constant moderate pain and instability of the right knee. Physical exam documented range of motion 0-130 degrees with crepitus, and anterior cruciate ligament (ACL) instability with positive Lachman's and pivot shift. MRI scan revealed tears to the ACL and both menisci, with early medial compartment degenerative changes. The treatment plan indicated the patient had complex knee pathology and should be addressed in two different stages. The first stage would be partial medial and lateral meniscectomy and ACL reconstruction with chondroplasty. If symptoms do not improve in the medial compartment, then he would require medial compartment replacement. Physician notes on a PR-2 dated 12/4/2014 indicated that the patient had right knee pain and had seen the orthopedic surgeon who recommended surgery. The patient wished to proceed with surgery. He was working. Physical exam documented normal gait, 1+ right knee effusion, medial tenderness, and ACL laxity. The diagnosis was internal derangement/arthritis of the right knee. The treatment plan recommended right knee surgery and a knee brace. On 12/17/2014, Utilization Review evaluated prescriptions for right knee surgery and post-operative right knee brace that was submitted on 1/10/2015. The UR physician noted the recommended surgical approach is controversial and further radiological evidence is needed to determine the appropriate procedure due to the worker's history. The MTUS, ACOEM Guidelines, (or ODG) was cited. The request was denied and subsequently appealed to Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Knee Surgery for the right knee: Upheld

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): 343-345. Decision based on Non-MTUS Citation Knee and Leg: Meniscectomy; Anterior cruciate ligament (ACL) reconstruction

Decision rationale: The California MTUS ACOEM guidelines state that arthroscopic partial meniscectomy may be highly successful in cases with clear evidence of a meniscus tear, symptoms other than pain, clear signs of a bucket handle tear on exam, and consistent findings on MRI. The ACOEM guidelines also state that ACL reconstruction is only warranted for patient with significant symptoms of instability, failed conservative treatment. The Official Disability Guidelines provide specific criteria for meniscectomy or meniscus repair that 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. The ODG 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 or pivot shift, and imaging findings of ACL disruption. Unicompartmental knee arthroplasty criteria include exercise and medications or injections, limited range of motion (< 90 degrees), night-time joint pain, no pain relief with conservative care, documentation of functional limitations, age greater than 50 years, a body mass index (BMI) less than 35, and imaging findings of osteoarthritis. Guideline criteria have not been met. The specific surgical procedure being requested is not delineated. The patient has moderate right knee pain and instability. There is clinical exam evidence of instability, with limited range of motion and crepitus. There is no imaging report available for review and records do not discuss the level of osteoarthritis present in the right knee, or the severity of the ACL disruption. Detailed evidence of a recent, reasonable and/or comprehensive non-operative treatment protocol trial and failure has not been submitted. Therefore, this request for knee surgery for the right knee is not medically necessary.

ASSOCIATED SURGICAL SERVICES: Post-Op knee brace; right knee: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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.