

Case Number:	CM15-0012863		
Date Assigned:	01/30/2015	Date of Injury:	04/06/2012
Decision Date:	03/19/2015	UR Denial Date:	01/05/2015
Priority:	Standard	Application Received:	01/22/2015

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:

The injured worker is a male who sustained an industrial related injury on 4/8/12 after striking his left knee on a pallet and falling. The injured worker had complaints of left knee pain and medial left leg tingling. Past surgical history was positive for left knee medial meniscectomy and plica resection on 8/22/12 and left knee medial meniscectomy on 2/2/13. The 5/23/14 left knee MRI revealed degenerative changes in the medial compartment with calcification adjacent to the medial aspect of the medial femoral condyle, possible loose body. Degenerative changes in the patellofemoral joint space were also noted. The 10/23/14 PQME report documented a diagnosis of tricompartmental derangement of the left knee, status post subtotal medial meniscectomy and resection of plica and chondromalacia. There was a loose body demonstrated and continued medial meniscus tear. The episodic use of non-steroidal anti-inflammatory drugs was recommended. The 12/15/14 treating physician report indicated the patient presented with a locked knee. Range of motion was 54 to 79 degrees, with persistent effusion and crepitus. Imaging documented a re-tear of the left medial meniscus and early degenerative joint disease. The treating physician requested urgent authorization for pre-operative labs: liver function and a re-do left knee arthroscopy. On 1/5/15 the requests were non-certified. Regarding surgery, the utilization review (UR) physician cited the Medical Treatment Utilization Schedule guidelines and noted there was a lack of documentation indicating the date of the last knee surgery, post-operative physical therapy, and pain scales. A MRI was also not available for review. Therefore the request was non-certified. Regarding labs, the UR physician cited the Official Disability

Guidelines and noted the injured worker did not present with high risk for liver dysfunction. Therefore the request was non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Re-Do Left Knee Arthroscopy: Overturned

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 344-345. Decision based on Non-MTUS Citation Knee and Leg: Meniscectomy

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 (locking, popping, giving way, and/or recurrent effusion), clear objective findings, and consistent findings on imaging. The Official Disability Guidelines recommend meniscectomy for patients with subjective and objective clinical findings consistent with meniscal pathology. Guidelines do not require evidence of conservative treatment or imaging findings for a locked knee. Guideline criteria have been met. This patient presents with a locked knee. Clinical exam documented range of motion 54-79 degrees with effusion and crepitus. Prior exam findings documented imaging evidence of re-tear of the medial meniscus and loose bodies. Therefore, this request for re-do left knee arthroscopy is medically necessary at this time.

Pre-op Labs: Liver Function: 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) Treatment Index, 11th Edition (web), 2014, Low back, Preoperative Lab Testing

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects Page(s): 70.

Decision rationale: The California MTUS guidelines recommend periodic lab monitoring of a CBC and chemistry profile (including liver and renal function tests) for patients taking non-steroidal anti-inflammatory drugs (NSAIDs). Guideline criteria have been met. Records suggest the long-term episodic use of NSAIDs. Given the risks of anesthesia, pre-operative liver function is reasonable. Therefore, this request for pre-operative liver function testing is medically necessary.