

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM15-0015108 | | |
| Date Assigned: | 02/03/2015 | Date of Injury: | 07/11/2013 |
| Decision Date: | 03/27/2015 | UR Denial Date: | 01/25/2015 |
| Priority: | Standard | Application Received: | 01/27/2015 |

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: Minnesota, Florida
 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 60 year old male, who sustained an industrial injury on July 11, 2013. He has reported an injury to his right knee when he struck the anterior-medial aspect of his right knee against a trailer hitch. The diagnoses have included right knee medial meniscus tear. Treatment to date has included physical therapy. An MRI of the right knee revealed degenerative changes in the menisci, a tear of the posterior horn of the medial meniscus, chondromalacia of patella, an osteochondral defect of the femoral condyle, and subchondral cysts in the medial tibial plateau and anterior portion of the distal femur. The injured worker initially postponed any surgery and then presented for a surgical evaluation on October 10, 2014. The evaluating physician noted that the injured worker had failed all attempts at aggressive conservative management along with the passage of time. The failed aggressive conservative management was not detailed in the report. On January 25, 2015 Utilization Review non-certified a request for right knee partial meniscectomy, chondroplasty and debridement, pre-operative medical clearance, post-operative physical therapy of the right knee and continuous passive motion device, noting that detailed evidence of a recent reasonable comprehensive non-operative treatment protocol trial and failure has not been submitted. The California Medical Treatment Utilization Schedule referenced ACOEM was cited. On January 27, 2015, the injured worker submitted an application for IMR for review of right knee partial meniscectomy, chondroplasty and debridement, pre-operative medical clearance, post-operative physical therapy of the right knee, continuous passive motion device, surgi-stim unit, and cool-care cold therapy unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right knee partial meniscectomy, chondroplasty, and debridement: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 344.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343, 344, 345. Decision based on Non-MTUS Citation Official Disability Guidelines, Section: Knee, Topic: Meniscectomy, Arthroscopic surgery for osteoarthritis

Decision rationale: California MTUS guidelines recommend surgical considerations for activity limitation for more than one month and failure of exercise programs to increase range of motion and strength of the musculature around the knee. Arthroscopic partial meniscectomy usually has a high success rate for cases in which there is clear evidence of a meniscus tear, symptoms other than simply pain such as locking, popping, giving way, recurrent effusions, clear signs of a bucket handle tear on examination with tenderness over the suspected tear but not over the entire joint line and perhaps lack of full passive flexion and consistent findings on the MRI. Arthroscopy and meniscal surgery may not be equally beneficial for those patients are exhibiting signs of degenerative changes. The injured worker sustained trauma to the right knee on 7/11/2013. Office notes from 8/1/2013 indicated that he denied any locking or clicking of the affected knee. There was no effusion. He attended physical therapy from 8/15/2013 to 9/11/2013. On 9/12/2013 the provider's notes again documented no locking, no clicking or restriction of range of motion. He was complaining of medial knee pain. MRI scan of 9/23/2013 revealed chondromalacia of patella, and a posterior horn medial meniscal tear which was not displaced. In addition subchondral cysts were noted in the medial tibial plateau and anterior aspect of the distal femur. An osteochondral defect was also noted in the medial femoral condyle. The documentation indicates that on May 6, 2014 the injured worker desired to delay his surgery until July for personal reasons. He subsequently again decided to hold off the surgery until August 13, 2014. At that time he was placed on Mobic. On 10/10/2014 the injured worker saw a different provider. Documentation indicates that he had failed all attempts at aggressive conservative management. Examination revealed an effusion, patellar crepitus, patellar tendon tenderness, and positive McMurray with strength being 5/5 and range of motion 0-125. Utilization review noncertified the request for surgery as there were no details provided with regard to a recent comprehensive nonoperative treatment protocol with trial and failure. Review of the medical records provided indicates that other than the prescription for Mobic in August there is no documentation of any other recent conservative treatment. As such, the Utilization Review decision was based on factual information and cannot be overturned. The injured worker has evidence of degenerative changes in the joint based upon the 2013 MRI findings of subchondral cysts and chondromalacia of patella and documentation of a conservative protocol of physical therapy or a supervised home exercise program preferably with NSAIDs or corticosteroid injection is recommended by guidelines prior to surgical considerations. In light of the above, the medical necessity of the request for arthroscopy, partial medial meniscectomy and debridement/chondroplasty is not substantiated.

Pre-operative medical clearance: 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) Low Back Chapter

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.

Post operative physical therapy for the right knee: Upheld

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

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.

Continuous Passive Motion Device (CPM) (in days): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guideline (ODG) Continuous Passive Motion Device (CPM)

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.

Surgi-Stim unit (in days): 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.

Cool-care cold therapy unit: 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.