

Case Number:	CM15-0118664		
Date Assigned:	06/26/2015	Date of Injury:	11/09/2013
Decision Date:	07/28/2015	UR Denial Date:	06/03/2015
Priority:	Standard	Application Received:	06/19/2015

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: California, Indiana, Oregon
 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 year 58 old female who sustained an industrial injury on 11/9/13. The mechanism of injury was that she fell at work. Diagnoses are right knee medial meniscus tear and status post left shoulder arthroscopy, subacromial decompression, rotator cuff repair - 11/18/14. An MRI of the right knee dated 5/23/14 reports IIIA abnormality of the posterior horn of the medial meniscus representing a small tear, tendinitis of the quadriceps ligament, and small patellofemoral effusion. In a progress report dated 1/21/15, a secondary treating physician notes reports that the physical therapy is helping and she is making progress but she feels very depressed and anxious. Right knee exam reveals tenderness to palpation over the medial joint line of the right. McMurray with internal and external rotation are positive on the right. Patellar grind and crepitus with range of motion are negative. In a progress report dated 3/4/15, a secondary treating physician reports she continues to make modest improvements with the left shoulder. She continues to have ongoing knee pain and swelling, difficulty with prolonged standing, walking, stairs, and kneeling. She complains of a locking sensation in her knee at times. She continues to have ongoing right knee pain, swelling, and mechanical symptoms. There is evidence of a meniscus tear on the MRI, which is consistent with clinical findings. Conservative therapy previously tried and failed his physical therapy, activity modification, nonsteroidal anti-inflammatory medication, and cortisone injection. The treatment plan is a right knee arthroscopy, menisectomy, and possible chondroplasty. In a progress note dated 4/7/15, primary physician reports that the right knee recently gave out and she fell with both hands outstretched, aggravating her left shoulder, elbow and knee. Right knee exam notes tenderness to palpation over the medial and lateral joint compartments and patellofemoral crepitus. Work status is that she is temporarily totally disabled for 4-6 weeks. The requested treatment is right knee arthroscopy, menisectomy and possible chondroplasty, pre-operative medical clearance, and post-operative physical therapy 3 times per week for 4 weeks to the right knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right knee arthroscopy, meniscectomy and possible chondroplasty: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

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

Decision rationale: CAMTUS/ACOEM Chapter 13 Knee Complaints, pages 344-345, states regarding meniscus tears, "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 (locking, popping, giving way, recurrent effusion). According to ODG Knee and Leg section, Meniscectomy section, states indications for arthroscopy and Meniscectomy include attempt at physical therapy and subjective clinical findings, which correlate with objective examination and MRI. In this case, the MRI of 11/18/14 details a meniscus tear without substantial degenerative changes. There are documented mechanical symptoms and recurrently effusion. The exam from 4/7/15 documents tenderness at the joint line in the region of the tear. The patient has trialed all recommended non-surgical treatments. Based on this, all the criteria for meniscectomy are met and the request is medically necessary.

Pre-op medical clearance: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.guideline.gov/content.aspx?id=48408>.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) low back.

Decision rationale: CA MTUS/ACOEM is silent on the issue of preoperative clearance and testing. ODG, Low back, Preoperative testing general, is utilized. This chapter states that preoperative testing is guided by the patient's clinical history, comorbidities and physical examination findings. ODG states, "These investigations can be helpful to stratify risk, direct anesthetic choices, and guide postoperative management, but often are obtained because of protocol rather than medical necessity. The decision to order preoperative tests should be guided by the patient's clinical history, comorbidities and physical examination findings. Patients with signs or symptoms of active cardiovascular disease should be evaluated with appropriate testing, regardless of their preoperative status." Preoperative ECG in patients without known risk factor for coronary artery disease, regardless of age, may not be necessary. CBC is recommended for surgeries with large anticipated blood loss. Creatinine is recommended for patient with renal failure. Electrocardiography is recommended for patients undergoing high-risk surgery and that undergoing intermediate risk surgery who have additional risk factors. Patients undergoing low risk surgery do not require electrocardiography. Based on the information provided for review, there is no indication of any of these clinical scenarios present in this case. In this case the patient is a healthy 58 year old without comorbidities or physical examination findings concerning to warrant preoperative testing prior to the proposed surgical procedure. Therefore, the request is not medically necessary.

Post-op physical therapy 3 times per week for 4 weeks to the right knee: Upheld

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

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

Decision rationale: According to the CA MTUS/Post Surgical Treatment Guidelines, Knee Meniscectomy, page 24, 12 visits of therapy are recommended after arthroscopy with partial Meniscectomy over a 12-week period. The guidelines recommend initially of the 12 visits to be performed. As the request exceeds the initial allowable visits, the request is not medically necessary.