

Case Number:	CM15-0124601		
Date Assigned:	07/09/2015	Date of Injury:	05/10/2002
Decision Date:	09/17/2015	UR Denial Date:	06/02/2015
Priority:	Standard	Application Received:	06/29/2015

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, Oregon, Washington
 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 71 year old male, who sustained an industrial injury on 5/10/02. He reported pain in shoulders, knees, neck and low back. The injured worker was diagnosed as having right knee medial compartment osteoarthritis with varus, mild left knee medial compartment osteoarthritis with varus and right knee medial meniscus tear. Treatment to date has included chiropractic treatment, physical therapy, oral medications including Cymbalta and Advil, pain management, cervical facet blocks, lumbar epidural steroid injections and activity restrictions. Right knee x-rays revealed bone on bone in medial compartment on flexion weight bearing view, left knee x-ray revealed 2-3mm medial joint space remaining and merchant view demonstrates mild lateral patellar tilt bilaterally; left knee (MRI) magnetic resonance imaging demonstrates medial meniscus tear, possible lateral meniscus tear, chondroplasty of the patella with subchondral cyst formation and subchondral edema and cyst formation in the medial tibial plateau. Currently on 5/11/15, the injured worker complains of right knee pain rated 9/10 and left knee pain rated 6/10; right knee symptoms include pain, popping, weakness and swelling and left knee symptoms include weakness and mild swelling. He is retired. Physical exam performed on 5/11/15 noted small effusion of right knee, medial joint tenderness and no patellofemoral tenderness and exam of left knee revealed a small effusion, medial joint line tenderness, no patellofemoral tenderness and the knee is stable to stress. The treatment plan included right unicompartmental versus total knee replacement; however the physician notes left knee symptoms will likely make postoperative rehabilitation difficulty. Therefore a left knee arthroscopy is recommended. A request for authorization was submitted on 5/18/15 for right

knee meniscectomy, chondroplasty, pre-op CBC/CMP/EKG, 8 post-op physical therapy visits and post-op Norco.

IMR ISSUES, DECISIONS AND RATIONALES

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

One left knee arthroscopic meniscectomy and chondroplasty: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 344 - 345. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee & Leg Chapter.

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

Decision rationale: CA MTUS/ACOEM is silent on the issue of chondroplasty. According to the ODG Knee and Leg regarding chondroplasty; Criteria include ALL of the following; conservative care, subjective clinical findings of joint pain and swelling plus objective clinical findings of effusion or crepitus plus limited range of motion plus chondral defect on MRI. In this case the MRI of the knee does not demonstrate a clear chondral defect on MRI nor does the exam note demonstrate objective findings consistent with a symptomatic chondral lesion. Therefore the determination is for non-certification. 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 exam notes from 5/11/15 do not demonstrate evidence of adequate course of physical therapy or other conservative measures. In addition there is lack of evidence in the cited records of meniscal symptoms such as locking, popping, giving way or recurrent effusion. Therefore the determination is for non-certification and therefore is not medically necessary.

Related surgical service: pre-operative CBC and CMP: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Card R, Sawyer M, Degnan B, Harder K, Kemper J, Marshall M, Matteson M, Roemer R, Schuller-Bebus G, Swanson C, Stultz J, Sypura W, Terrell C, Varela N, Perioperative protocol. Health care protocol; Bloomington (MN): Institute for Clinical Systems Improvement (ICSI); 2014 Mar. 124 p.

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

Decision rationale: As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate. This review presumes that a surgery

is planned and will proceed. There is no medical necessity for this request if the surgery does not occur and therefore is not medically necessary.

Related surgical service: twelve post-operative physical therapy visits: 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): 344-345.

Decision rationale: As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate. This review presumes that a surgery is planned and will proceed. There is no medical necessity for this request if the surgery does not occur and therefore is not medically necessary.

Related surgical service: pre-operative EKG: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Institute for Clinical Systems Improvement (ICSI). Preoperative Evaluation; Bloomington (MN): Institute for Clinical Systems Improvement; 2006 Jul. 33 p. [37 references].

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

Decision rationale: As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate. This review presumes that a surgery is planned and will proceed. There is no medical necessity for this request if the surgery does not occur and therefore is not medically necessary.

Norco 7.5/325 mg, 100 count: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 346.

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

Decision rationale: As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate. This review presumes that a surgery is planned and will proceed. There is no medical necessity for this request if the surgery does not occur and therefore is not medically necessary.