MAXIMUS Federal Services

| Case Number: | CM15-0143955 | | |
|---|---|---|---|
| Date Assigned: | 08/04/2015 | Date of Injury: | 05/31/2011 |
| Decision Date: | 10/06/2015 | UR Denial Date: | 07/08/2015 |
| Priority: | Standard | Application Received: | 07/24/2015 |

## 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: Arizona
Certification(s)/Specialty: 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 45 year old male who sustained an industrial injury on 5-31-11 when he fell 16 feet from a scaffold that broke. His right leg was caught in a step and twisted as he fell. He landed on his back and lost consciousness. When he regained consciousness he had pain throughout his body. He was medically evaluated, x-rayed and diagnosed with a dislocated right knee which was reduced in the emergency room. His lacerations were sutured and he remained hospitalized for 2 days. An MRI of the right knee revealed abnormalities and he underwent surgery of the right knee. He currently complains of constant cervical pain with popping and cracking and with radiation to the left upper limb with numbness and tingling in the left upper extremity (5 out of 10); constant thoracic spine pain (4 out of 10); constant lumbosacral spine pain with radiation down both lower extremities with numbness, weakness and tingling (7 out of 10); constant left elbow pain with swelling and numbness and tingling about the elbow (3 out of 10); constant right and left knee pain with swelling bilaterally, weakness, numbness, tingling and giving way of the right knee (7 out of 10). Diagnoses include cervical syndrome with radiculopathy; thoracic musculoligamentous sprain; left elbow sprain; lumbosacral syndrome with sciatica; status post right knee surgery (9-30-11); status post right knee surgery (9-14-12); left knee pain. Treatments to date include right knee injections with temporary relief; medications. Diagnostics include MRI (2-2013) showing medial meniscus tear; positive MR arthrogram (2-12-13). In the progress note dated 5-6-15 and 6-20-15 the treating provider's plan of care includes requests for right knee manipulation under anesthesia and arthroscopy with debridement; medical clearance; post-operative physical therapy three times a week for eight weeks.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Right knee meniscectomy and synovectomy outpatient:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Knee Complaints 2004. Decision based on Non-MTUS Citation ACOEM 2nd Edition, text, page 341-342, 344 The Official Disability Guidelines (http://www.odg-twc.com/odgtwc/knee.htm).

**MAXIMUS guideline:** Decision based on MTUS Knee Complaints 2004, Section(s): Surgical Considerations.

**Decision rationale:** 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); clear signs of a bucket handle tear on examination (tenderness over the suspected tear but not over the entire joint line, and perhaps lack of full passive flexion); and consistent findings on MRI. The MRI completed 2-2013 had demonstrated evidence of medial meniscus tear. Therefore, it is reasonable to proceed with right knee meniscectomy and synovectomy for this patient with persistent problems involving his right knee. The prior utilization review is overturned and the procedure is medically necessary and appropriate.

**Associated surgical service: Medical clearance:** Overturned

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Preoperative Testing Before Noncardiac Surgery: Guidelines and Recommendations. Am Fam Physician. 2013 Mar 15;87(6):414-418.

**Decision rationale:** The decision to perform preoperative testing should be based on the history and physical examination findings, perioperative risk assessment, and clinical judgment. Therefore in this 45 year old patient with borderline diabetes, it is reasonable to obtain medical clearance, a perioperative risk assessment should be performed and any pertinent testing may then be completed. The prior utilization review is overturned. The medical clearance for surgery and perioperative risk assessment is medically necessary for the above surgery on the knee.

**Post op physical therapy 2-3 week x 4-6 weeks:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment 2009, Section(s): Knee.

**Decision rationale:** Controversy exists about the effectiveness of therapy after arthroscopic partial meniscectomy. Dislocation of knee; Tear of medial/lateral cartilage/meniscus of knee; Dislocation of patella (ICD9 836; 836.0; 836.1; 836.2; 836.3; 836.5): Postsurgical treatment:

(Meniscectomy): 12 visits over 12 weeks. Postsurgical physical medicine treatment period: 6 months Manipulation under Anesthesia (knee) [DWC]: Postsurgical treatment: 20 visits over 4 months. Postsurgical physical medicine treatment period: 6 months For the above surgery, it is medically necessary for physical therapy as requested 2-3x/week for 4-6 weeks. The prior utilization review is overturned and therefore is medically necessary.