

Case Number:	CM15-0039734		
Date Assigned:	03/10/2015	Date of Injury:	03/19/2012
Decision Date:	04/20/2015	UR Denial Date:	02/19/2015
Priority:	Standard	Application Received:	03/02/2015

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 49-year-old male, who sustained an industrial injury on 3/19/2012. He reported tripping over a sidewalk and hearing a pop or crack; he did not have immediate pain. The diagnoses have included pain in lower leg joint, lumbar stenosis and right S1 radiculopathy. An MRI scan of the right knee showed a discoid lateral meniscus with fraying but no tear. There was minimal fraying of the medial meniscus also noted but no tears were noted. The ligaments were intact. An AME reported anterior knee pain due to chondromalacia but no surgery was indicated. Treatment to date has included therapy and medication. According to the progress report dated 1/13/2015, the injured worker complained of right knee pain. He also complained of lower back pain. Exam of the right knee revealed trace, medial collateral ligament laxity and trace lateral laxity. The treatment plan was to consider right knee arthroscopy for definitive evaluation and treatment. A request for exam under anesthesia and partial medial and lateral meniscectomies was non-certified by UR as there was no tear noted on the MRI scan. This is now appealed to an IMR.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right knee exam under anesthesia with partial medial and lateral maniscectomoy (including medical clearance): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343, 344, 345.

Decision rationale: On 11/18/2014, the primary treating physician documented subjective complaints of some continuing right knee pain. He stated that overall he was doing okay. He tried to jog on it and after the third day of jogging the pain was significantly worse. He underwent an AME but the AME Dr. disagreed about any surgical indication. The MRI results were as follows: "September 26, 2013 right knee magnetic resonance imaging report only notes a discoid lateral meniscus with fraying but no definitive tear. In addition there is medial meniscal fraying but no definitive tear." Examination findings revealed no effusion. There was full active range of motion of the right knee. There was mild quad atrophy. No patellofemoral crepitus was noted. There was negative grind and negative apprehension. There was no longer any tenderness over the medial plica. There was trace medial collateral ligament laxity. There was trace lateral laxity. Lachman was negative. Anterior drawer was negative. There was no significant posterior medial joint line tenderness with McMurray and Apley grind but there was exquisite pain in that area with bounce home. Squatting was not tested. Electromyography performed on December 11, 2014 was abnormal with electrodiagnostic evidence of chronic right S1 radiculopathy. The subjective complaints included low back pain radiating down the right lower extremity with intermittent tingling in the right buttock. A request for right knee examination under anesthesia with partial medial and lateral meniscectomy was noncertified by utilization review as there was no evidence of a torn meniscus on the MRI scan. The AME did not support right knee surgery. The MRI documented discoid lateral meniscus with fraying and medial meniscal minimal edge fraying posteriorly. There was bilateral anterior knee pain and patellofemoral crepitus but no effusion, stable knee, and no joint line pain and negative provocative testing for knee pathology. There was a significant difference in complaints and findings by the AME and requesting physician. Therefore the request for surgery was non-certified. California MTUS guidelines indicate 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 meniscal tear. In this case the MRI is negative for meniscal tears. There is good range of motion and strength documented with ability to do jogging although he had to stop after 3 days due to pain. The request for arthroscopy with partial medial and lateral meniscectomies is not supported by imaging studies. The AME did not document mechanical symptoms or findings and reported bilateral anterior knee pain and patellofemoral crepitus but no effusion, stable knee, and no joint line pain and negative provocative testing for knee pathology. In the absence of documented meniscal tears on the MRI scan, the request for examination under anesthesia and partial medial and lateral meniscectomies is not supported, and the medical necessity of the request has not been substantiated. As the surgery is not medically necessary, the request for pre-operative clearance is also not medically necessary.

Post-op Tylenol w/codeine #3 tabs #25: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Page(s): 82-88.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints
Page(s): 343, 344,345.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Post-op physical therapy to the right knee 3x4: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints
Page(s): 343, 344, 345.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.