MAXIMUS Federal Services

Case Number:	CM15-0047245		
Date Assigned:	03/19/2015	Date of Injury:	07/04/2014
Decision Date:	05/13/2015	UR Denial Date:	02/27/2015
Priority:	Standard	Application Received:	03/12/2015

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 Certification(s)/Specialty: Orthopedic Surgery, Sports Medicine

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 57-year-old female who injured her right knee on 07/04/2014 after bumping into a trash can while walking to the cashier station. She fell on her knees, all weight landed on her right side. The primary pain location is in the right knee. The pain was described as aching and excruciating, constant, and made worse by walking. She rated the pain at 9/10 on the pain scale. She also reported joint instability, pain, and difficulty with prolonged standing and walking. The injured worker was assessed with a meniscus tear and traumatic synovitis. The injured worker is taking tramadol, and has been in physical therapy twice a week for 6 weeks due to the right knee pain. The injured worker reported clicking and popping with activities that cause increased pain. The knee reportedly feels unstable and gives way. There is also increased pain with kneeling and squatting. On knee exam there is 10 degrees valgus, localized synovitis palpated over the anteromedial aspect of the right knee, and positive effusion. McMurray's and Apley's is positive on the right. There is positive tenderness to the medial fat pad, medial joint line on the right, as well as the lateral fat pad, lateral joint line, and lateral patellofemoral groove on the right. On 10/28/2014, an MRI of the right knee revealed oblique tear of the posterior horn of the medial meniscus, extending into the inferior articular surface. Chondromalacia was also present in the patella. Activity restrictions are standing, walking up to 5 hours per shift, and sitting down on the job for the remainder of the time.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Knee Arthroscopy and intra articular surgery: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG.

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

Decision rationale: According to Official Disability Guidelines, meniscectomy is not recommended for osteoarthritis (OA) in the absence of meniscal findings or in older patients with degenerative tears until after a trial of PT/exercise. The following characteristics were associated with a surgeon's judgment that a patient would likely benefit from knee surgery: a history of sports-related trauma, low functional status, limited knee flexion or extension, medial or lateral knee joint line tenderness, a click or pain noted with the McMurray test, and a positive Lachmann or anterior drawer test. The patient had attempted conservative management with physical therapy and medications, the MRI showed meniscal tear. Therefore, the request is medically necessary and the request is certified.

Pre op Medical Clearance: Upheld

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 Official Disability Guidelines (ODG) Low Back, Preoperative Testing.

Decision rationale: Official Disability Guidelines (ODG), Treatment Index, 11th Edition (web), 2014, Low Back, Preoperative Testing. Preoperative additional tests are excessively ordered, even for young patients with low surgical risk, with little or no interference in perioperative management. Laboratory tests, besides generating high and unnecessary costs, are not good standardized screening instruments for diseases. The decision to order preoperative tests should be guided by the patient's clinical history, comorbidities, and physical examination findings. According to Official Disability Guidelines preoperative lab testing is not recommended for patients unless there is a positive finding in the patient's clinical history or the procedure is high risk. The decision to order preoperative tests should be guided by the patient's clinical history, comorbidities, and physical examination findings. There were no findings for this patient, nor is the surgery considered high- risk. As such the request is non-certified and is not medically necessary.

Post op Physical Therapy x 12 visits right knee: 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 Official Disability Guidelines (ODG) Knee, Physical Medicine Treatment.

Decision rationale: Official Disability Guidelines (ODG), Treatment Index, 11th Edition (web), 2014, Knee, Physical Medicine Treatment. 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): Medical treatment: 9 visits over 8 weeks. Post-surgical (Meniscectomy): 12 visits over 12 weeks. Since the patient will be undergoing meniscectomy and synovectomy for her right knee pain, post-surgical physical therapy is recommended. Official Disability guidelines suggest 12 visits over 12 weeks. The current request meets the criteria, and as such the request is certified and is medically necessary.

Post op Cold therapy unit rental: 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 Official Disability Guidelines (ODG) Knee, Continuous-flow cryotherapy.

Decision rationale: Official Disability Guidelines (ODG), Treatment Index, 11th Edition (web), 2014, Knee and Continuous Flow Cryotherapy. Recommended as an option after surgery, but not for nonsurgical treatment. Postoperative use generally may be up to 7 days, including home use. In the postoperative setting, continuous-flow cryotherapy units have been proven to decrease pain, inflammation, swelling, and narcotic usage; however, the effect on more frequently treated acute injuries (e.g., muscle strains and contusions) has not been fully evaluated. Continuous-flow cryotherapy units provide regulated temperatures through use of power to circulate ice water in the cooling packs. Post-operative cold therapy is recommended as an option after surgery for up to 7 days in home use. Since the patient will undergo meniscectomy and synovectomy, and cold therapy units have been proven to decrease pain, inflammation, swelling, and narcotic usage; the request for post- operative cold therapy unit is certified for 7 days and is medically necessary.

Associated surgical service: DVT sequential boot: Upheld

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 Official Disability Guidelines (ODG) Knee, Compression garments.

Decision rationale: Official Disability Guidelines (ODG), Treatment Index, 11th Edition (web), 2014, Knee and Compression garments. Recommended, good evidence for the use of compression is available, but little is known about dosimetry in compression, for how long and at what level compression should be applied. Low levels of compression 10-30 mmHg applied by stockings are effective in the management of telangiectases after sclerotherapy, varicose veins in pregnancy, the prevention of edema and deep vein thrombosis (DVT). High levels of compression produced by bandaging and strong compression stockings (30-40 mmHg) are effective at healing leg ulcers and preventing progression of post-thrombotic syndrome as well as in the management of lymphedema. Although Official Disability Guidelines recommend the use of compression garments for telangiectasias, prevention of edemas and DVT; there is no evidence to show that the patient would be bed bound after surgery putting her at risk for DVTs.

There is no rationale in the documentation to support use of this device. Additionally, little is known about dosimetry in compression, for how long and at what level compression would be applied. As such the request is non-certified and is not medically necessary.

Associated surgical service: Walker: Upheld

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 Official Disability Guidelines (ODG) Knee, Walking Aids.

Decision rationale: Official Disability Guidelines (ODG), Treatment Index, 11th Edition (web), 2014, knee and Walking Aids. Recommended, as indicated below. Almost half of patients with knee pain possess a walking aid. Disability, pain, and age-related impairments seem to determine the need for a walking aid. Nonuse is associated with less need, negative outcome, and negative evaluation of the walking aid. Contralateral cane placement is the most efficacious for persons with knee osteoarthritis. In fact, no cane use may be preferable to ipsilateral cane usage as the latter resulted in the highest knee moments of force, a situation which may exacerbate pain and deformity. (Chan, 2005) While recommended for therapeutic use, braces are not necessarily recommended for prevention of injury. The patient will be undergoing synovectomy and meniscectomy. The current request is for a walking aid. According to official disability guidelines nonuse is associated with less need, negative outcome and negative evaluation of the walking aid. As such the request for walker is non-certified and the request is not medically necessary.