

Case Number:	CM15-0069419		
Date Assigned:	04/17/2015	Date of Injury:	12/09/2014
Decision Date:	05/18/2015	UR Denial Date:	03/27/2015
Priority:	Standard	Application Received:	04/13/2015

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: Illinois, California, Texas
 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 64 year old male, who sustained an industrial injury on 12/9/14. Injury was sustained when he tripped and fell onto the left knee. Past medical history was positive for diabetes. Records provided documented persistent left knee pain and swelling with conservative treatment including activity modification, cold, home exercise, bracing, and anti-inflammatory medications. The 2/20/15 treating physician report cited severe knee pain with difficulty sleeping. Medications included ibuprofen and Norco. Left knee exam documented limited patella mobility; medial joint line tenderness, positive McMurray's, and range of motion 10-75 degrees with pain. The 3/17/15 left knee MRI impression documented a complex tear of the posterior horn and body of the medial meniscus, tricompartmental degenerative joint disease, especially in the medial compartment, mild sprain in the medial joint capsular structures, and moderate effusion. Findings documented a full thickness defect along the central weight bearing portion of the medial femoral condyle. The 3/17/15 initial orthopedic evaluation indicated the injured was wearing a hinged knee brace and protective of the knee. He was continuing to work with difficulty. Left knee exam documented range of motion 0-110 degrees, medial joint line tenderness, and negative anterior and posterior drawer tests. MRI showed a complex tear of the posterior horn and body of the medial meniscus, and tricompartmental degenerative joint disease, especially in the medial compartment. X-rays of the left knee reveal moderate severe narrowing of the medial compartment. The diagnosis was left knee medial compartment osteoarthritis, and torn medial meniscus. Authorization was requested for left knee arthroscopic meniscectomy and chondroplasty. The 3/27/15 utilization review non-certified the request for left knee arthroscopic

meniscectomy and chondroplasty and associated surgical requests as there was insufficient documentation relative to conservative treatment and outcome.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left knee arthroscopic meniscectomy and chondroplasty: Overturned

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343-345. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg: Chondroplasty; Meniscectomy.

Decision rationale: The California MTUS guidelines support arthroscopic partial meniscectomy for cases in which there is clear evidence of a meniscus tear including symptoms other than simply pain (locking, popping, giving way, and/or recurrent effusion), clear objective findings, and consistent findings on imaging. The Official Disability Guidelines criteria for chondroplasty include evidence of conservative care (medication or physical therapy), plus joint pain and swelling, plus effusion or crepitus or limited range of motion, plus a chondral defect on MRI. Guideline criteria have been met. This injured worker presented with significant left knee pain, intermittent swelling, and functional limitations in ambulation. Significant functional difficulty was reported with work duties. Clinical exam findings are consistent with imaging evidence of meniscal pathology and a full thickness chondral defect. Evidence of a recent, reasonable and/or comprehensive non-operative treatment protocol trial and failure has been submitted. Therefore, this request is medically necessary.

Pre-operative clearance: Overturned

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 Institute for Clinical Systems Improvement (ICSI). Preoperative evaluation. Bloomington (MN): Institute for Clinical Systems Improvement (ICSI); 2010 Jun. 40 p.

Decision rationale: The California MTUS guidelines do not provide recommendations for pre-operative medical clearance. Evidence based medical guidelines indicate that a basic pre-operative assessment is required for all patients undergoing diagnostic or therapeutic procedures. Guideline criteria have been met based on patient's age, potential comorbidities, plausible long-term use of anti-inflammatory medications, and the risks of undergoing anesthesia. Therefore, this request is medically necessary.

Post-operative physical therapy 2 times a week for 4 weeks (8 sessions): Overturned

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 25.

Decision rationale: The California Post-Surgical Treatment Guidelines for chondroplasty and meniscectomy suggest a general course of 12 post-operative visits over 12 weeks during the 6-month post-surgical treatment period. An initial course of therapy would be supported for one-half the general course or 6 visits. If it is determined that additional functional improvement can be accomplished after completion of the general course of therapy, physical medicine treatment may be continued up to the end of the postsurgical physical medicine period. This is the initial request for post-operative physical therapy and, although it exceeds recommendations for initial care, is within the recommended general course. Therefore, this request for is medically necessary.