

Case Number:	CM15-0091452		
Date Assigned:	05/15/2015	Date of Injury:	08/21/2013
Decision Date:	06/30/2015	UR Denial Date:	04/08/2015
Priority:	Standard	Application Received:	05/12/2015

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: 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 32 year old male, who sustained an industrial injury on 8/21/13. He reported immediate pain in right knee. The injured worker was diagnosed as having right knee strain/chondral injury and status post arthroscopy/arthroscopic debridement of osteochondral fragment. Treatment to date has included oral medications, knee brace, physical therapy, home exercise program and arthroscopic surgery. (MRI) magnetic resonance imaging of right knee performed on 12/18/13 revealed 50% loss of cartilage and (MRI) magnetic resonance imaging of right knee dated 12/22/14 revealed a possible tear of medial meniscus and possible osteonecrosis of medial femoral condyle. Currently, the injured worker complains of significant right knee pain. Physical exam noted decreased range of motion of right knee and marked medial joint line tenderness with well healed arthroscopic portals. The treatment plan for the visit dated 1/7/15 included an arthroscopic evaluation and possible chondroplasty or synovectomy and possible meniscectomy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Associated Surgical Service: 1 Urinalysis with Reflex and Culture Test: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

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

1 Pre-operative Blood Test (Comprehensive Metabolic Panel/Estimates Glomerular Filtration Rate, Prothrombin, Complete Blood Count with Differential, Activates Partial Thrombolplastin Time, and ABO/Rh Blood Typing Test): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment Index, 11th Edition, (web), 2014, Low Back/Preoperative Lab Testing.

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

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

1 Right Knee Arthroscopic Evaluation and Meniscectomy: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment for Workers Comp, Online Edition, Chapter: Knee and Leg, Indication for Surgery-Diagnostic Arthroscopy, and Meniscectomy.

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

Decision rationale: The injured worker sustained an industrial injury to his right knee on 8/20/2013. On 6/12/2014 he underwent arthroscopy of the right knee with arthroscopic debridement of osteochondral fragment. MRI scan of the right knee dated 12/22/2014 revealed bone marrow edema of the medial femoral condyle with a question of contusion versus spontaneous osteonecrosis. There was globular increased signal intensity in the posterior horn of the medial meniscus most consistent with intrasubstance degeneration. Tear was not excluded. An MR arthrogram was recommended. Following intravenous administration of contrast the MRI of the right knee revealed probable spontaneous osteonecrosis of medial femoral condyle measuring 9 mm in length and globular increased signal intensity in the posterior horn of the medial meniscus most consistent with intrasubstance degeneration. A tear was not excluded. If clinically indicated, MR arthrogram was recommended. Agreed medical examination of January 19, 2015 documents well-healed arthroscopy scars of the right knee with an expression of discomfort with deep palpation about the anterior aspect of the knee. There was no evidence of mediolateral or anteroposterior laxity present. The pivot shift, McMurray, anterior drawer and

Lachman examinations were negative. There was no evidence of rotatory instability. The patellar grind and patellar apprehension tests were negative. Range of motion was from full extension to 140 of flexion in the right knee and full extension to 145 of flexion in the left knee. The injured worker was able to toe and heel walk easily and was able to squat half the way down and arise from the squatting position with the use of one arm for push off. He brought crutches to the examination but was able to walk without them without antalgia. A recent follow-up consultation dated 3/3/2015 revealed continuing subjective complaints of right knee pain with a pain level of 6/10. Examination revealed no signs of infection. Range of motion was 0-100. He was favoring the left lower extremity with ambulation. There was crepitation with range of motion. He was on tramadol, naproxen pantoprazole and cyclobenzaprine. The provider requested reconsideration to proceed with arthroscopic evaluation and meniscectomy of the right knee. California MTUS guidelines indicate 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 such as locking, popping, giving way, recurrent effusion, clear signs of a bucket handle tear on examination and consistent findings on MRI. However, patients suspected of having meniscal tears but without progressive or severe activity limitation can be encouraged to live with symptoms to retain the protective effect of the meniscus. In this case, the MRI did not show a definite meniscal tear. The examination findings as noted above also do not support a meniscal tear. The diagnosis is known per MRI with and without contrast and prior arthroscopic findings. As such, the request for arthroscopic evaluation and meniscectomy of the right knee is not supported by guidelines and the medical necessity of the request has not been substantiated.

12 Post-Operative Physical Therapy Sessions: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

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