

Case Number:	CM15-0099119		
Date Assigned:	06/01/2015	Date of Injury:	03/05/2013
Decision Date:	07/08/2015	UR Denial Date:	05/08/2015
Priority:	Standard	Application Received:	05/22/2015

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 39-year-old female who sustained an industrial injury on 3/5/13. Past medical history was negative. She was currently pregnant with due date 8/16/15. Past surgical history was positive for right knee arthroscopy and partial medial meniscectomy on 6/3/14. The 11/1/14 right knee MRI impression documented lateral patellar tilt with edema within the superior lateral aspect of the infrapatellar fat pad concerning for either excessive lateral pressure syndrome or dynamic patellar tracking abnormalities. Findings documented minor intrameniscal signal within the medial meniscus. There was minimal fraying of the lateral meniscus without evidence of an acute tear. The 3/9/15 treating physician report cited severe pain with popping, clicking and frequent locking up. She reported that she started physical therapy with initial improvement but that a physical therapist did something with her knee and it had not been the same since. Right knee documented diffuse atrophy (grade 1-2), most prominent in the vastus medialis oblique. There was medial joint line tenderness, no crepitus, and the patella tracked well without mechanical symptoms. Range of motion was 0-135 degrees with 4/5 strength and some guarding. The knee was stable to varus/valgus stress and Lachman. The treating physician stated that despite her negative MRI, she continued to complain of physical popping and catching in the medial knee. Her history and exam suggest a new medial meniscus tear. She was not improving with non-operative treatment. Right knee diagnostic arthroscopy with possible chondromeniscal surgery was recommended. The 4/27/15 treating physician report cited persistent grade 6-7/10 right lateral knee pain with clicking, popping, locking and weakness exacerbated with twisting motions. She had been applying ice and tiger balm for pain relief and

was unable to take medications due to her pregnancy. Right knee exam was unchanged from prior. Symptoms suggest a meniscal tear, awaiting authorization for diagnostic arthroscopy. The treating physician requested authorization for right knee arthroscopy, post-operative physical therapy 2x6, pre-operative electrocardiogram/labs, post-operative visit in 90 days, and a remedy sling x6 weeks. The 5/8/15 utilization review non-certified the right knee arthroscopy and associated surgical requests as there was limited imaging evidence of a meniscal tear and lack of detailed findings and diagnostic injection to localize the source of pain generation. The 6/8/15 treating physician report cited continued right knee pain with locking, clicking, popping and associated muscle weakness. She noted limited range of motion and a pulling sensation in the medial aspect of the knee. Ice was used for local pain control. She remained symptomatic. She initially did very well post knee arthroscopy and likely re-injured her knee during a physical therapy sessions. Given her continued mechanical symptoms, a re-tear is suspected despite equivocal MRI. The treatment plan recommended proceeding with diagnostic arthroscopy of the right knee with possible chondromeniscal surgery after she delivers.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Knee Arthroscopy: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 344-345. Decision based on Non-MTUS Citation ODG-TWC Knee and Leg.

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: Diagnostic arthroscopy.

Decision rationale: The California MTUS state that surgical consideration may be indicated for patients who have 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. The Official Disability Guidelines recommend diagnostic arthroscopy when clinical indications are met. Indications include medications or physical therapy, plus pain and functional limitations despite conservative treatment, and imaging is inconclusive. Guideline criteria have been met. This injured worker presents with persistent right knee pain with popping, locking, and clicking. Functional limitations have precluded return to work. Detailed evidence of a recent, reasonable and/or comprehensive non-operative treatment protocol trial and failure has been submitted. Imaging suggests meniscal pathology but is inconclusive. Therefore, this request is medically necessary.

Post-operative physical therapy 2x6: Overturned

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

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 is medically necessary.

Pre-operative EKG/Labs: 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 Practice advisory for preanesthesia evaluation: an updated report by the American Society of Anesthesiologists Task Force on Preanesthesia Evaluation. *Anesthesiology* 2012 Mar; 116 (3): 522-38.

Decision rationale: The California MTUS guidelines do not provide recommendations for this service. Evidence based medical guidelines indicate that most laboratory tests are not necessary for routine procedures unless a specific indication is present. Indications for such testing should be documented and based on medical records, patient interview, physical examination, and type and invasiveness of the planned procedure. Guidelines state that an EKG may be indicated for patients with known cardiovascular risk factors or for patients with risk factors identified in the course of a pre-anesthesia evaluation. Guideline criteria have not been met. A generic request for non-specific pre-operative lab work is under consideration. Although, basic lab testing and EKG would typically be supported for patients undergoing this procedure and general anesthesia, the medical necessity of a non-specific lab request cannot be established. Therefore, this request is not medically necessary.

Associated Surgical Service: Remedy sling x 6 weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 203, 215.

Decision rationale: This request for a shoulder sling is inconsistent with the associated surgical request for knee arthroscopy. There is no documentation of a shoulder complaint. Therefore, this request is not medically necessary.

Post-operative Visit in 90 days: 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) Shoulder: Office visits.

Decision rationale: The California MTUS does not specifically address office follow-up visits. The Official Disability Guidelines recommend evaluation and management office visits as determined to be medically necessary. The need for a clinical office visit with a health care provider is individualized based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. Guideline criteria would support post-operative follow-up visits. Therefore, this request is medically necessary.