

Case Number:	CM14-0142489		
Date Assigned:	09/10/2014	Date of Injury:	06/29/2006
Decision Date:	10/06/2014	UR Denial Date:	08/06/2014
Priority:	Standard	Application Received:	09/02/2014

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. The expert reviewer is Board Certified in Orthopedic Surgery and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 46-year-old female nursing attendant sustained an industrial injury on 6/29/06. The mechanism of injury was not documented. Past surgical history was positive for right knee arthroscopy on 6/21/07. The 12/5/12 right knee MR arthrogram impression documented a grade III tear of the anterior and posterior horns of the medial meniscus and sprain of the anterior cruciate ligament and medial collateral ligaments. There was chondromalacia patella and arthritic changes in the superior plica. The treating physician progress reports in May and June 2014 indicated that the patient complained of constant grade 6-7/10 right knee pain with intermittent locking, grinding, and popping. She reported instability when trying to move at a faster pace. The patient last worked on 5/21/15 as she was not able to work fast enough. Physical exam documented antalgic gait, considerable right knee crepitus, positive McMurray's, inability to squat, locking and limited flexion and extension. Failure of conservative treatment was reported with no details specified. Right knee arthroscopy with partial medial meniscectomy, patelloplasty, lateral release, and chondroplasty has been requested since 3/12/14. A re-evaluation with an internal medicine specialist to assess her heart condition/cardiac disease has also been requested in multiple reports. There is no specific diagnosis of cardiac disease or symptoms of a heart condition documented in the available records. The 8/6/14 utilization review denied the request for right knee surgery as there was no documentation of failed recent contest or subjective clinical findings, such as joint pain, swelling, or feeling of giving way. The internal medicine consultation was denied as there was no documentation of a heart condition or symptoms/findings and clear rationale for this request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Consultation with [REDACTED] internal medicine specialist: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines, Independent Medical Examinations and Consultations, Chapter 7

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American Society of Anesthesiologists Task Force on Preanesthesia Evaluation. Anesthesiology 2012 Mar; 116(3):522-38

Decision rationale: The California MTUS guidelines support referral to a specialist if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. 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. The treating physician has reported a history of heart condition/cardiac disease. Middle-aged females have known occult increased medical/cardiac risk factors. Given these clinical indications, this request is medically necessary.

Right knee arthroscopy, partial medial meniscectomy, patelloplasty, lateral release, chondroplasty: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines, Knee Complaints, Surgical Considerations, and Meniscus Tears

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

Decision rationale: The California MTUS guidelines recommend arthroscopic partial meniscectomy with clear evidence of a meniscus tear, symptoms other than pain, clear signs of a bucket handle tear on exam, and consistent findings on MRI. The Official Disability Guidelines provide specific criteria for chondroplasty that 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. Subjective and clinical exam findings are consistent with imaging evidence to support the medical necessity of surgical intervention. Reasonable conservative treatment has been tried and failed. Significant functional impairment including pain and mechanical issues has been documented, precluding work ability. Therefore, this request is medically necessary.