

Case Number:	CM13-0011229		
Date Assigned:	12/04/2013	Date of Injury:	07/21/2011
Decision Date:	01/29/2014	UR Denial Date:	08/02/2013
Priority:	Standard	Application Received:	08/14/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician 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 physician 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.

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 patient is a 26-year-old gentleman injured in a work related accident on 07/21/11 who sustained a fracture to his distal femur in a fall. Imaging for review includes a left knee MRI report from 04/15/13 that shows degenerative medial meniscal tearing as well as tendinosis to the posterior cruciate ligament with a partial tear not entirely excluded. The remainder of the MRI was noted to be unremarkable with no joint space narrowing or fluid noted. Most recent clinical progress report for review is a 08/15/13 orthopedic assessment by [REDACTED], indicating subjective complaints of continued pain about the left hip, low back, and knee. Objectively, the knee was noted to be "satisfactory" with tenderness to the left hip with palpation. The claimant was given multiple diagnoses including sacroiliac joint inflammation to the left, left knee internal derangement with possible anterior cruciate ligament tearing, status post left femur intramedullary rodding of 07/21/11, and trochanteric bursitis. Recommendations at that time were for surgical arthroscopy for a left knee meniscectomy, lateral retinacular release and medial capsular imbrication. Recent conservative care measures other formal physical examination findings to the claimant's knee are not documented. Previous assessment with [REDACTED] of 07/12/13 showed an examination of the knee with "weakness with resisted function". Motion was satisfactory with tenderness noted at the patella.

IMR ISSUES, DECISIONS AND RATIONALES

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

Arthroscopy, meniscectomy, lateral retinacular release, medial capsular imbrication:

Upheld

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

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

Decision rationale: Based on California ACOEM Guidelines, surgical intervention to include a lateral retinacular release and meniscectomy cannot be supported. California Guidelines in regard to the above mentioned procedure include that clear evidence of MRI findings of meniscal tearing that are concordant with physical examination should be present prior to proceeding with intervention. In regard to surgery to the patella, it indicates that lateral endoscopic release could be indicated in cases of recurrent subluxation. The claimant's clinical history fails to history of chronic subluxation diagnosis or imaging findings supportive of a diagnosis of patellar subluxation. Physical examination findings have also failed to demonstrate mechanical symptoms consistent with meniscal pathology. The role of surgical intervention in this case cannot be supported.

Amoxicillin #20: Upheld

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

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

Decision rationale: When looking at Official Disability Guidelines, the need for Amoxicillin, which given perioperatively for prophylactic infection would not be supported as the role of surgical intervention has not yet been established.

Zofran #20: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain procedure, Antiemetics and Ondansetron sections.

Decision rationale: California MTUS Guidelines are silent. When looking at Official Disability Guidelines, the role of Zofran would not be indicated. The role of this antiemetic is indicated for acute nausea and vomiting. However, its role in this case for postoperative use would not be indicated as the need for operative intervention has not yet been supported.

Neurontin #180: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin.

Decision rationale: Based on California MTUS Guidelines, the role of Neurontin would not be indicated. While Guidelines include the role of the Gabapentin as a first line treatment for neuropathic pain and the claimant's diagnosis at present are that of sacroiliitis, trochanteric bursitis, and left knee internal derangement. There is no understanding of a neuropathic diagnosis, for which this medication would be indicated at present.

Pre-op clearance:

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Chapter 7, page 127.

Decision rationale: Based on California MTUS Guidelines, preoperative medical clearance would not be indicated. While consultation for preoperative assessment from a health care practitioner could be indicated should surgery take place, the role of operative intervention in this case has not yet been established, thus negating the need for preoperative assessment.

PolarCare: Upheld

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

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

Decision rationale: When looking at Official Disability Guidelines, a polar care device would not be indicated. While the cryotherapy devices are recommended for up to seven days, including home use, following knee related procedures, the role of surgical intervention in this case has not yet been established, thus negating the need of this operative device.

ELS ROM Brace:

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints
Page(s): 340.

Decision rationale: Based on California ACOEM Guidelines, the role of a knee brace would not be indicated. While ACOEM guidelines include the role of bracing for patellar instability, anterior cruciate ligament tearing, medial collateral ligament instability, the role of surgical intervention in this case has not yet been established, thus negating the need for any degree of bracing.

Crutches: Upheld

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

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

Decision rationale: Based on Official Disability Guidelines, as California MTUS Guidelines are silent, the role of crutches would not be indicated. While the use of these walking agents would be indicated by Official Disability Guidelines for postoperative assessment following a lower extremity surgical procedure, the role of surgical intervention in this case has not yet been established, thus negating the need of this postoperative durable medical device.