

Case Number:	CM13-0015539		
Date Assigned:	03/12/2014	Date of Injury:	03/30/2011
Decision Date:	04/03/2014	UR Denial Date:	08/13/2013
Priority:	Standard	Application Received:	08/23/2013

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 Orthopaedic 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 41-year-old male laborer sustained a right lower extremity injury on 3/30/11. This occurred when his right leg fell into an auger in a rice silo, resulting in a below the knee amputation. He reported an onset of left knee pain in May 2011 when he began ambulating with the prosthesis. In December 2011, he slipped and fell in the tub, with increased low back and left knee pain reported. The 4/6/12 left knee MRI documented a medial meniscal tear and mild degenerative joint disease. Past medical history was positive for atrial fibrillation and hypertension, for which the patient was taking medication. There was a brief notation in the records of an 8/12/12 AME requesting hypertensive treatment, echocardiogram and 30-day cardiac event monitoring. The 7/3/13 PM&R consultation for evaluation of the right BKA documented the patient had a short right trans tibia/fibula amputation with persistent residual limb pain and right knee instability. The anterior tibial stump was minimally covered by skin and subcutaneous tissue. Discomfort was likely due to excessive pivoting in the socket from short length. The patient was at minimal length for a functional transtibial amputation so further revision was not recommended, as this would result in some degree of shortening. New DME was recommended for a thigh corset with hinges and new socket with deep pocket to accommodate for more distal get at the end and thigh corset. Relative to the left knee; exam findings documented functional range of motion 0-140 degrees, tenderness to palpation over the medial joint line at the distal femur. The 8/1/13 treating physician report documented the decision for a thigh cuff supported prosthesis after 3 opinions. Persistent right leg pain was reported with periodic infections requiring antibiotic treatment. The distal tibia wore holes through the silicon sleeve. Left knee pain caused difficulty sleeping. Abnormal gait caused back pain. The patient was able to ambulate with a cane and the prosthesis. Exam findings documented pulse 76, blood pressure 130/88, decreased lumbar extension, diffuse lumbar tenderness, and mild pelvic obliquity. The right knee exam

documented AP instability, quite a bit of skin redundancy, tenderness right tibial tubercle, and almost 90 degrees of flexion of the very short amputation. The prosthesis was offset and he was pistoning. Left knee tenderness was documented. The treatment plan recommended trying to achieve right knee stability and unloading of the distal stump with a thigh cuff and off set hinge or baffle sleeve. The treating physician also recommended addressing the left knee so he can be able to better handle the load of the right knee and address the back issues. Continued psychological care was recommended.

IMR ISSUES, DECISIONS AND RATIONALES

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

LEFT MENISCAL REPAIR: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation and Lower Leg, Meniscectomy.

Decision rationale: The Expert Reviewer's decision rationale: The request under consideration is for left knee meniscal repair. The California MTUS guidelines do not address meniscal repairs in chronic knee injuries. The Official Disability Guidelines recommend meniscectomy for symptomatic meniscal tears for younger patients and for traumatic tears. Guidelines typically require a failure of conservative treatment, plus 2 subjective findings (joint pain, swelling, feeling of give way, or locking, clicking or popping), plus 2 objective findings (positive McMurray's sign, joint line tenderness, effusion, limited range of motion, crepitus, or locking, clicking, or popping), plus meniscal tear on MRI. Guideline criteria have not been met. The exam findings documented in the record since onset of left knee pain have been limited to tenderness to palpation over the medial joint line. There is no documentation of recent detailed comprehensive conservative treatment of the left knee having been tried and failed. Therefore, this request for left knee meniscal repair is not medically necessary.

REPLACE RIGHT SUSPENSION CUP HI FLANGE BACK: Overturned

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

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 Lower Leg, Prostheses (artificial limb).

Decision rationale: The Expert Reviewer's decision rationale: The request under consideration is for replacement of the right suspension cup hi flange back. The California MTUS guidelines do not provide recommendations for prostheses. The Official Disability Guidelines recommend the use of a prostheses when the patient is motivated to ambulate and to allow the patient to reach and maintain a defined functional state within a reasonable period of time. Lower limb

prostheses may include a number of components including socket insertions and suspensions. Three consults were obtained to best fit the patient with a prosthesis given the short transtibial amputation and excessive pivoting. The recommendation was to achieve right knee stability and unloading of the distal stump with a thigh cuff and off set hinge or baffle sleeve. Therefore, this request for replacement of the right suspension cup hi flange back is medically necessary

ECHOCARDIOGRAM: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACC/AHA Guidelines for the Clinical Application of Echocardiography.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACR Appropriateness Criteria

Decision rationale: The Expert Reviewer's decision rationale: The request under consideration is for an echocardiogram. The California MTUS guidelines do not address cardiac issues. ACR Appropriateness Criteria indicate that echocardiography is usually not appropriate in asymptomatic patients or patients at low to intermediate-risk. There is a reported history of atrial fibrillation and hypertension under medication management but no documentation of cardiac symptoms, physical exam findings, or other rationale indicating the medical necessity of this diagnostic study. Therefore, this request for an echocardiogram is not medically necessary

DAY CARDIAC EVENT MONITOR AND AUTOMATIC ARRHYTHMIA: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Ambulatory Event Monitors and Mobile Cardiac Outpatient Telemetry.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Ambulatory Event Monitors and Mobile Cardiac Outpatient Telemetry.

Decision rationale: The Expert Reviewer's decision rationale: The request under consideration is for a day cardiac event monitor and automatic arrhythmia. The California MTUS guidelines do not address cardiac issues. Evidence based medical guidelines consider auto-activated external ambulatory event monitors to be medically necessary for patients who experience infrequent symptoms suggestive of cardiac arrhythmias (palpitations, dizziness, pre-syncope, syncope) or patients with atrial fibrillation who have been treated with catheter ablation and in whom discontinuation of systemic anticoagulation is being considered. This patient has a reported history of atrial fibrillation and hypertension being treated with medication. There is no documentation of current cardiac symptoms, treatment history or other rationale indicating the medical necessity of this type of testing. Therefore, this request for a day cardiac event monitor and automatic arrhythmia is not medically necessary.

LEFT KNEE CONSULTATION: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), pg. 127.

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(s) 127.

Decision rationale: The Expert Reviewer's decision rationale: The request under consideration is for a left knee consultation. The California MTUS supports the use of independent medical examinations and consults 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. Consultation is recommended to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work. The patient is currently under the care of a PM&R physician with MRI evidence of a meniscal tear. There is no evidence that the evaluation and therapeutic management of this condition is not within the armamentarium of the treating physician at this time. Therefore, this request for left knee consultation is not medically necessary.