

Case Number:	CM13-0032943		
Date Assigned:	12/06/2013	Date of Injury:	07/31/2012
Decision Date:	03/26/2014	UR Denial Date:	09/27/2013
Priority:	Standard	Application Received:	10/08/2013

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 53-year-old female with a date of injury of 7/31/12. An examination note dated 9/6/13 demonstrates subjective left knee pain. The patient was also reported to have medial joint line tenderness and a positive Apley test. The records document antalgic gait and ambulation with cane. The patient's diagnosis is noted as left knee strain with medial meniscus tear. A magnetic resonance imaging (MRI) of the left knee dated 12/7/13 demonstrates normal menisci without tear.

IMR ISSUES, DECISIONS AND RATIONALES

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

One (1) left knee arthroscopy: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 343-345.

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

Decision rationale: MTUS guidelines indicate that 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 (locking, popping, giving way, recurrent effusion); clear signs of a buckethandle tear on examination (tenderness over the suspected tear but not over the entire joint line, and perhaps lack of full passive flexion); and consistent findings on magnetic resonance imaging (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. If symptoms are lessening, conservative methods can maximize healing.

In patients younger than 35, arthroscopic meniscal repair can preserve meniscal function, although the recovery time is longer compared to partial meniscectomy. Arthroscopy and meniscus surgery may not be equally beneficial for those patients who are exhibiting signs of degenerative changes. In this patient's case, the medical records provided for review fail to provide evidence of meniscal pathology on the MRI report of the left knee. Therefore the request is not medically necessary. The request for one (1) left knee arthroscopy medically is not necessary and appropriate.

Unknown prescription of Vicodin ES: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-75 & 83.

Decision rationale: According to MTUS guidelines Vicodin is an opioid analgesic and is not recommend as a first-line therapy for osteoarthritis. Guidelines recommends opioids on a trial basis for short-term use after there has been evidence of failure of first-line non-pharmacologic and medication options (such as acetaminophen or NSAIDs) and when there is evidence of moderate to severe pain. Guidelines also recommend a trial if there is evidence of contraindications for use of first-line medications. In this patient's case, the medical records submitted for review, there is lack of medical necessity in the medical records to utilize Vicodin as compared to other first line non-pharmacologic and medication options. Therefore, the request is not medically necessary. The request for an unknown prescription of Vicodin ES is not medically necessary and appropriate.

One (1) cold therapy unit: 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 requested primary surgical procedure is not medically necessary, the request for one (1) cold therapy unit is also not medically necessary.

One (1) universal wrap for the left knee: 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 requested primary surgical procedure is not medically necessary, the request for one (1) universal wrap for the left knee is also not medically necessary.

One (1) interferential unit: 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 requested primary surgical procedure is not medically necessary, the request for one (1) interferential unit is also not medically necessary.

24 physical therapy: 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 requested primary surgical procedure is not medically necessary, the request for 24 physical therapy visits is also not medically necessary.

One (1) prescription of Prilosec 20mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68-69.

Decision rationale: MTUS guidelines indicates criteria to determine if the patient is at risk for gastrointestinal events: (1) age over 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA). In this patient's case there is lack of documentation in the medical records submitted that evidence that the patient is at increased risk for gastrointestinal events. Therefore the request is not medically necessary. The request for one (1) prescription of Prilosec 20mg #90 is not medically necessary and appropriate.