

Case Number:	CM13-0047419		
Date Assigned:	12/27/2013	Date of Injury:	11/27/2011
Decision Date:	04/18/2014	UR Denial Date:	10/23/2013
Priority:	Standard	Application Received:	11/01/2013

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:

59 year old male with industrial injury 11/27/11 to right knee. Claimant status post left knee diagnostic arthroscopy on 10/25/12 with arthroscopic partial medial/lateral meniscus resection with chondroplasty of medial femoral condyle and medial tibial plateau and synovectomy medial/lateral compartment of knee. MRI left knee 3/25/13 demonstrates patellofemoral chondromalacia with tears of medial meniscus. Exam note 10/16/13 demonstrates tenderness over the medial and lateral joint lines with McMurray positive.

IMR ISSUES, DECISIONS AND RATIONALES

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

LEFT KNEE REVISION ARTHROSCOPY FOR PARTIAL MENISECTOMY, DEBRIDEMENT, AND SYNOVECTOMY: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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

Decision rationale: CAMTUS/ACOEM regarding diagnostic arthroscopy states regarding meniscus tears Chapter 13 knee complaints pages 344-345, "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 bucket-handle 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 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." With regards to patellofemoral syndrome, ACOEM Chapter 13 page 345 states, "Although arthroscopic patellar shaving has been performed frequently for PFS, long-term improvement has not been proved and its efficacy is questionable. Severe patellar degeneration presents a problem not easily treated by surgery. Patellectomy and patellar replacements in reasonably active patients yield inconsistent results, and the procedures have a reasonable place only in treating patients with severe rheumatoid arthritis or another rheumatoid condition. Lateral arthroscopic release may be indicated in cases of recurrent subluxation of the patella, but surgical realignment of the extensor mechanism may be indicated in some patients." In this case the records does not demonstrate medical necessity for a knee arthroscopy based upon the significant arthritis in patellofemoral compartment of the knee. Therefore the determination is for non-certification.

POST-OP PT 2X6: 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 primary procedure is not medically necessary, none of the associated services are medically necessary.

. DVT COMPRESSION WRAPS: 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 primary procedure is not medically necessary, none of the associated services are medically necessary.

30 DAY TRIAL OF TENS UNIT FOR THE LUMBAR SPINE: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrical nerve stimulation (TENS), Page(s): 114-1.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS unit Page(s): 114-115.

Decision rationale: There is no evidence in the claimant's history of neuropathic pain or CRPS to satisfy the MTUS Chronic Pain Medical Treatment Guidelines to warrant usage. Therefore determination is for non-certification.

BIOTHERM TOPICAL CREAM: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics. Page(s): 111-112.

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

Decision rationale: Per the CA MTUS Chronic Pain Medical Treatment Guidelines, the use of topical analgesics is "largely experimental with few randomized controlled trials to determine efficacy or safety." Therefore determination is for non-certification.