MAXIMUS Federal Services

Case Number:	CM13-0049519		
Date Assigned:	12/27/2013	Date of Injury:	03/29/2012
Decision Date:	03/10/2014	UR Denial Date:	10/28/2013
Priority:	Standard	Application Received:	11/08/2013

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 least at 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. 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:

The patient is a 61-year-old gentleman who sustained an injury to the right knee in a work related accident on 03/29/12. Clinical records for assessment indicated that the claimant was status post an 11/07/12 surgical arthroscopy, meniscectomy, and anterior cruciate ligament (ACL) reconstruction. In the postoperative setting, an MRI performed on 10/10/13 showed evidence of prior ACL reconstruction with no re-tearing, signal change, or clinical finding. There was signal change to the posterior horn of the meniscus consistent with intrasubstance degeneration, for which tearing was not specifically documented. A follow up report by [redacted] on 10/17/13 indicated continued knee complaints and noted that conservative care and prior surgery had not been of benefit. Physical examination showed tenderness to palpation, positive McMurray's test, +1-2 Lachman, and radiographs demonstrated mild arthritic change and the previous ACL reconstruction. Recommendations at present were for a right knee arthroscopy and meniscectomy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right knee meniscectomy and debridement: Upheld

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

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 arthroscopy and meniscectomy would not be indicated. The claimant's recent clinical imaging demonstrated a signal change to the medial meniscus, but no indication of recurrent tearing. This MRI finding would be consistent with degenerative changes of prior meniscectomy. Without documentation of imaging demonstrating significant clinical findings or progression of medial meniscal pathology, the role of operative intervention would not be supported.

Associated surgical service: Post-Op Physical therapy 2x6 for right 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 primary procedure is not medically necessary, none of the associated services are medically necessary.

Associated surgical service:Keflex 500mg #4: 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: The role of this antibiotic for use in the postoperative setting for prophylactic purposes would not be indicated as the surgical process itself has not been supported

Associated surgical: service Zofran 4mg #10: 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: The role of this antiemetic in the postoperative setting would not be supported as the surgery in question has not been supported.

Associated surgical service: Ibuprofen 600mg #90: 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: The role of this agent for postoperative use would not be indicated as the surgical process in question has not been supported.

Associated surgical service: Colace 100mg #10: 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: The role of operative intervention in this case has not been indicated, thus, negating the need for postoperative medication.

Associated surgical service:Vicodin #30: 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: The role of surgical intervention in this case has not been supported, thus, negating the need for this postoperative medication.

Associated surgical service:Vitamin 500mg #60: 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. This specific request for vitamins in the postoperative setting would not be indicated.