MAXIMUS Federal Services

Case Number:	CM13-0061260		
Date Assigned:	12/30/2013	Date of Injury:	07/30/2013
Decision Date:	04/14/2014	UR Denial Date:	11/06/2013
Priority:	Standard	Application Received:	12/04/2013

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 Orthopedic Surgery, and is licensed to practice in Texas, Michigan, and Nebraska. 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:

The patient is a 51-year-old male who reported an injury on 07/30/2013. The mechanism of injury was not specifically stated. The patient is currently diagnosed with knee arthralgia, patellar tendonitis, prepatellar bursitis, knee sprain, and meniscus tear of the knee. The patient was seen by [redacted] on 10/17/2013. The patient reported minimal improvement with physical therapy. The patient reported activity limitation and persistent pain. A physical examination revealed an antalgic gait, positive swelling, positive tenderness, limited range of motion, positive McMurray's testing, and 5/5 motor strength bilaterally. The treatment recommendations included a video arthroscopy of the left knee, meniscectomy, synovectomy, chondroplasty, removal of loose bodies, fascial sheath injection, cold therapy unit, crutches, a neuromuscular electrical stimulation (NMES) unit, and postoperative physical therapy times twelve (12) visits. Preoperative medical clearance was also requested on that date. It is also noted that the patient underwent an MRI of the left knee on 09/18/2013, which indicated tendinosis of the patellar tendon, with a central full thickness tear at the tibia insertion.

IMR ISSUES, DECISIONS AND RATIONALES

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

LEFT KNEE VIDEO ARTHROSCOPY MENISCECTOMY QTY: 1.00: 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): 343-345.

Decision rationale: The MTUS/ACOEM Guidelines indicate that a referral for surgical consultation may be indicated for patients who have activity limitation for more than one (1) month and a failure of exercise programs to increase range of motion and strength of the musculature around the knee. As per the documentation submitted, the patient's physical examination revealed tenderness to palpation, minimal swelling, and a positive McMurray's sign. The patient demonstrated slightly decreased range of motion with 5/5 motor strength bilaterally. The patient's MRI report made no mention of a meniscal tear, synovitis, chondral damage, or loose bodies. Additionally, there is no indication of an exhaustion of conservative treatment prior to the request for a surgical intervention. Based on the clinical information received, the patient does not currently meet criteria for the requested procedure. As such, the request is non-certified.

LEFT KNEE SYNOVECTOMY: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343-345.

Decision rationale: The MTUS/ACOEM Guidelines indicate that a referral for surgical consultation may be indicated for patients who have activity limitation for more than one (1) month and a failure of exercise programs to increase range of motion and strength of the musculature around the knee. As per the documentation submitted, the patient's physical examination revealed tenderness to palpation, minimal swelling, and a positive McMurray's sign. The patient demonstrated slightly decreased range of motion with 5/5 motor strength bilaterally. The patient's MRI report made no mention of a meniscal tear, synovitis, chondral damage, or loose bodies. Additionally, there is no indication of an exhaustion of conservative treatment prior to the request for a surgical intervention. Based on the clinical information received, the patient does not currently meet criteria for the requested procedure. As such, the request is non-certified.

LEFT KNEE CHONDROPLASTY: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Knee & Leg (updated 6/7/13), ODG Indications for Surgery - Chondroplasty.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343-345.

Decision rationale: The MTUS/ACOEM Guidelines indicate that a referral for surgical consultation may be indicated for patients who have activity limitation for more than one (1)

month and a failure of exercise programs to increase range of motion and strength of the musculature around the knee. As per the documentation submitted, the patient's physical examination revealed tenderness to palpation, minimal swelling, and a positive McMurray's sign. The patient demonstrated slightly decreased range of motion with 5/5 motor strength bilaterally. The patient's MRI report made no mention of a meniscal tear, synovitis, chondral damage, or loose bodies. Additionally, there is no indication of an exhaustion of conservative treatment prior to the request for a surgical intervention. Based on the clinical information received, the patient does not currently meet criteria for the requested procedure. As such, the request is non-certified.

LEFT KNEE REMOVAL OF LOOSE BODIES: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343-345.

Decision rationale: The MTUS/ACOEM Guidelines indicate that a referral for surgical consultation may be indicated for patients who have activity limitation for more than one (1) month and a failure of exercise programs to increase range of motion and strength of the musculature around the knee. As per the documentation submitted, the patient's physical examination revealed tenderness to palpation, minimal swelling, and a positive McMurray's sign. The patient demonstrated slightly decreased range of motion with 5/5 motor strength bilaterally. The patient's MRI report made no mention of a meniscal tear, synovitis, chondral damage, or loose bodies. Additionally, there is no indication of an exhaustion of conservative treatment prior to the request for a surgical intervention. Based on the clinical information received, the patient does not currently meet criteria for the requested procedure. As such, the request is non-certified.

LEFT KNEE FASCIAL SHEATH INJECTION: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343-345.

Decision rationale: The MTUS/ACOEM Guidelines indicate that a referral for surgical consultation may be indicated for patients who have activity limitation for more than one (1) month and a failure of exercise programs to increase range of motion and strength of the musculature around the knee. As per the documentation submitted, the patient's physical examination revealed tenderness to palpation, minimal swelling, and a positive McMurray's sign. The patient demonstrated slightly decreased range of motion with 5/5 motor strength bilaterally. The patient's MRI report made no mention of a meniscal tear, synovitis, chondral damage, or loose bodies. Additionally, there is no indication of an exhaustion of conservative treatment

prior to the request for a surgical intervention. Based on the clinical information received, the patient does not currently meet criteria for the requested procedure. As such, the request is non-certified.

MEDICAL CLEARANCE WITH PRIMARY CARE PHYSICIAN TO INCLUDE WRITTEN HYSTORY & PHYSICAL (H&P) QTY: 1.00: 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.

PREOPERATIVE LABS (INCLUDES CMP, CBC, AND AUTOMATED DIFFERENTIAL WBC) QTY: 1.00: 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.

PREOPERATIVE ELECTROCARDIOGRAM (EKG) QTY: 1.00: 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.

PREOPERATIVE CHEST X-RAY QTY: 1.00: 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.

COLD FLOW THERAPY UNIT FOR THE LEFT KNEE (RENTAL DAYS): 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.

MOBI CRUTCHES QTY: 1.00: 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.

KNEEHAB NEUROMUSCULAR ELECTRICAL STIMULATION (NMES) UNIT QTY: 1.00: 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.

POSTOPERATIVE PHYSICAL THERAPY FOR THE LEFT KNEE QTY: 12.00: 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.