

Case Number:	CM13-0062990		
Date Assigned:	12/30/2013	Date of Injury:	04/16/2013
Decision Date:	04/01/2014	UR Denial Date:	11/14/2013
Priority:	Standard	Application Received:	12/09/2013

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 New York. 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. 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 46-year-old female with the date of injury is April 16, 2013. The patient's diagnoses include right medial meniscus tear and anterior cruciate tear. She has persistent right knee pain. However, she does not indicate that her knee gives way. On physical examination Lockman's maneuver is unremarkable. There is medial joint line tenderness to the right knee with mild soft tissue swelling. There is no evidence of instability on physical examination. Right knee MRI from April 2013 demonstrates patellar tracking disorder, lateral and medial meniscus intrasubstance tears, and partial tear of ACL. At issue is whether right knee surgery and ACL reconstruction a medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

A right knee arthroscopy, meniscal repair or partial resection, as well as possible anterior cruciate ligament reconstruction: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee Chapter

Decision rationale: This patient does not meet established criteria for right knee surgery. Specifically, the patient does not have any documented evidence of instability on physical examination. In addition, the patient does not report instability in the knee. Physical examination also does not specifically document symptoms consistent with ACL or meniscus injury. McMurray test is not documented. Lachman test is negative. In addition, the medical records do not indicate that the patient has failed conservative therapy for the treatment of right knee pain. The medical records do not indicate that the patient has a significant blocked a normal knee motion and joint locking symptoms that would warrant emergent knee meniscectomy surgery. Since the physical examination does not adequately document instability and symptoms related to the ACL or meniscus injury, the patient does not meet criteria for surgery at this time. In addition, the MRI did not demonstrate a full-thickness tear of the ACL and does not demonstrate full-thickness tears of the menisci. This patient does not meet establish criteria for knee meniscus or ACL surgery at this time.

The purchase of crutches: 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 items/services are medically necessary.

The purchase of a knee immobilizer brace: 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 items/services are medically necessary.

The purchase of a 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 primary procedure is not medically necessary, none of the associated items/services are medically necessary.

Postoperative physical therapy (12 sessions): 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 items/services are medically necessary.

Omeprazole 20mg: Upheld

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

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

Decision rationale: The patient does not meet establish criteria for omeprazole. Specifically, the medical records do not indicate that the patient has GI risk factors. There is no documentation of adverse GI symptoms. Criteria for Omeprazole not met.

Anaprox 550mg: Overturned

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 338.

Decision rationale: This patient meets criteria for NSAID Anaprox 550mg. NSAID medication is supported by MTUS knee pain treatment guidelines. This medication is first-line NSAID medication in a fairly low dose. Guidelines cited above to recommend the use of NSAID medication in the conservative treatment for knee injuries and knee pain. Criteria for this medicine are met. Anaprox 550 mg should be approved.