

Case Number:	CM13-0070682		
Date Assigned:	01/08/2014	Date of Injury:	01/03/2007
Decision Date:	06/05/2014	UR Denial Date:	12/02/2013
Priority:	Standard	Application Received:	12/26/2013

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 Pennsylvania. 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 injured worker is a 54-year-old male who reported an injury on 01/03/2007. The mechanism of injury involved repetitive activity. The current diagnoses include bilateral upper extremity pain, bilateral knee and ankle pain, low back pain, and bilateral shoulder tendinopathy with degenerative changes. The injured worker was evaluated on 08/20/2014 with complaints of persistent pain over multiple areas of the body. The injured worker reported a decrease in pain level from 8/10 to 5/10 with the current medication regimen. Previous conservative treatment includes medication management, physical therapy, home exercise, and corticosteroid injections. The current medication regimen includes Norco 10/325 mg and Relafen 750 mg. There was no physical examination provided on that date. It is noted that the injured worker was pending a court hearing for a left knee surgery on 09/20/2014. A previous Request for Authorization form had been submitted on 11/22/2014 for a medial meniscectomy with chondroplasty. The latest Physician's Progress Report submitted by the orthopedic surgeon is documented on 12/05/2013. It is noted that the injured worker presented with persistent left knee pain. The injured worker's MRI in 09/2013 was reportedly positive for a torn medial meniscus. After a failure of conservative treatment to include injections and physical therapy, the orthopedic surgeon recommended a left knee meniscectomy procedure.

IMR ISSUES, DECISIONS AND RATIONALES

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

LEFT KNEE MEDIAL MENISCECTOMY AND CHONDROPLASTY (ARTHROSCOPIC): Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 344-45.

Decision rationale: Based on California ACOEM Guidelines, the request for left knee medical meniscectomy and chondroplasty cannot be recommended as medically necessary. ACOEM Guidelines recommend the need for clear establishment of a diagnosis based on positive MRI findings of a surgical lesion that is known to benefit with operative intervention. This individual is noted to have significant degenerative change of the knee on MRI imaging as well as degenerative signal change to the meniscus. There is no indication of acute medial meniscal tearing. The role of a left knee medial meniscectomy and chondroplasty would not be supported.

PRE-OPERATIVE TESTING TO INCLUDED;CBC,UA,HGAIC,CHEST X-RAY AND EKG: 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.

VISCOSUPPLEMENTATION INJECTIONS TO THE KNEE FOR CHONDROMALACIA (QTY UNK): 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), Treatment Index, 11th Edition (Web), 2013, Knee & Leg-Hyaluronic Acid Injections.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Treatment In Worker's Comp, 18th Edition, 2013 Updates: Knee Procedure Hyaluronic Acid Injections.

Decision rationale: California ACOEM and MTUS Guidelines do not address the medical necessity for viscosupplementation. When looking at the ODG, the request for viscosupplementation injections would not be indicated. The claimant's MRI scan demonstrates isolated degenerative findings of the patellofemoral joint. ODG recommends viscosupplementation for osteoarthritis that has not responded adequately to conservative treatment. There is insufficient evidence to support the role of viscosupplementation for isolated patellofemoral syndrome. Given this claimant's isolated degenerative findings, in conjunction with examination and current complaints, the role of viscosupplementation would not be supported.

