

Case Number:	CM14-0001933		
Date Assigned:	01/22/2014	Date of Injury:	11/05/2012
Decision Date:	06/27/2014	UR Denial Date:	01/03/2014
Priority:	Standard	Application Received:	01/03/2014

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 Physical Medicine & Rehabilitation 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:

The injured worker is a 38-year-old male who reported an injury on 11/05/2012. The mechanism of injury was not stated. The current diagnosis is other joint derangement of the knee. The injured worker was evaluated on 12/17/2013. The injured worker reported worsening symptoms in the right knee. Physical examination revealed positive effusion, positive lateral instability, and 0 to 130 degree range of motion. Treatment recommendations at that time included a right knee arthroscopy with medial patellofemoral ligament (MPFL) reconstruction. It is noted that the injured worker underwent a computed tomography (CT) scan of the right knee on 11/11/2013, which indicated lateral patellar tilt, well corticated ossicle along the lateral aspect of the lateral femoral condyle, mild narrowing of the medial femoral tibial joint compartment, internal derangement, and small joint effusion.

IMR ISSUES, DECISIONS AND RATIONALES

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

RIGHT KNEE ARTHROSCOPY WITH RECONSTRUCTION OF THE MEDIAL PATELLOFEMORAL LIGAMENT: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medial Patellofemoral ligament reconstruction (<http://www.ncbi.nlm.nih.gov/pubmed/18686487>)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 343-345.

Decision rationale: The California MTUS/ACOEM Practice Guidelines state referral for surgical consultation may be indicated for patients who have activity limitation for more than 1 month and a failure of exercise programs. While the injured worker does demonstrate positive effusion, positive lateral instability, and limited range of motion, there is no documentation of an attempt at conservative treatment prior to the request for a surgical intervention. Therefore, the current request cannot be determined as medically appropriate. As such, the request for a right knee arthroscopy with reconstruction of the medial patellofemoral ligament is not medically necessary.

ASSISTANT SURGEON: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American Association of Orthopedic Surgeons Position Statement Reimbursement of the First Assistant at Surgery

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.

POST-OPERATIVE PHYSICAL THERAPY 12 SESSIONS TO THE RIGHT KNEE:
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), Knee & Leg (updated 11/29/13) Chapter, Physical Medicine Treatment

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.

NORCO 10/325MG: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS, SPECIFIC DRUG LIST Page(s): 91.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-82.

Decision rationale: The California MTUS Guidelines state a therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects

should occur. There is no evidence of a failure to respond to non-opioid analgesics. There is also no frequency or quantity listed in the current request. As such, the request for Norco 10/325 mg is not medically necessary.