

Case Number:	CM14-0003655		
Date Assigned:	01/22/2014	Date of Injury:	05/25/2012
Decision Date:	04/14/2014	UR Denial Date:	12/18/2013
Priority:	Standard	Application Received:	12/18/2013

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 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:

According to the records made available for review, this is a 48-year-old female with a 5/25/12 date of injury. At the time (11/27/13) of request for authorization for MRI of the lumbar spine without contrast; right knee arthroscopy medical meniscectomy, chondroplasty; pre-operative medical clearance; post-operative cold therapy unit; post-operative physical therapy x (12) visits, there is documentation of subjective (popping, catching, swelling, and painful right knee; lumbar spine stiffness and spasms; and a limp) and objective (positive joint line tenderness, positive McMurray's, right knee effusion, ambulating with a limp, and limited lumbar spine range of motion) findings, imaging findings ((MRI right knee (12/1/12) report revealed intramensical type I and type II signal changes of both medial and lateral menisci with no definite meniscal tear); (reported MRI lumbar spine (8/8/07) revealed minimal disc and facet disease)), current diagnoses (tear of the medial cartilage or meniscus of knee, and lumbosacral spondylosis without myelopathy), and treatment to date (physical therapy, medications, and knee brace). Regarding MRI of the lumbar spine without contrast, there is no documentation of a diagnosis/condition (with supportive subjective/objective findings) for which a repeat study is indicated an imaging report. Regarding right knee arthroscopy medical meniscectomy, chondroplasty, there is no documentation of imaging findings (Meniscal tear on MRI).

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI OF THE LUMBAR SPINE WITHOUT CONTRAST: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308-310.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-304.

Decision rationale: MTUS reference to ACOEM guidelines identifies documentation of red flag diagnoses where plain film radiographs are negative; objective findings that identify specific nerve compromise on the neurologic examination, failure of conservative treatment, and who are considered for surgery, as criteria necessary to support the medical necessity of MRI. ODG identifies documentation of a diagnosis/condition (with supportive subjective/objective findings) for which a repeat study is indicated (such as: To diagnose a suspected fracture or suspected dislocation, to monitor a therapy or treatment which is known to result in a change in imaging findings and imaging of these changes are necessary to determine the efficacy of the therapy or treatment (repeat imaging is not appropriate solely to determine the efficacy of physical therapy or chiropractic treatment), to follow up a surgical procedure, to diagnose a change in the patient's condition marked by new or altered physical findings) as criteria necessary to support the medical necessity of a repeat MRI. Within the medical information available for review, there is documentation of a diagnosis of lumbosacral spondylosis without myelopathy. In addition, there is documentation of a reported 8/8/07 MRI lumbar spine identifying minimal disc and facet disease. However, there is no documentation of a diagnosis/condition (with supportive subjective/objective findings) for which a repeat study is indicated. In addition, despite the medical report's reported imaging findings, there is no documentation of an imaging report. Therefore, based on guidelines and a review of the evidence, the request for MRI of the lumbar spine without contrast is not medically necessary.

RIGHT KNEE ARTHROSCOPY MEDICAL MENISCECTOMY CHONDROPLASTY:
Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation KNEE COMPLAINTS. ACOEM OCCUPATIONAL MEDICINE GUIDELINES, 2ND EDITION, 2008.

MAXIMUS guideline: Decision based on MTUS ACOEM Page(s): 344-345. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG): KNEE-MENISCECTOMY.

Decision rationale: MTUS reference to ACOEM Guidelines identifies that arthroscopic partial meniscectomy usually has a high success rate for cases in which there is clear evidence of a meniscus tear; symptoms other than simply pain (locking, popping, giving way, recurrent effusion); clear signs of a bucket-handle tear on examination (tenderness over the suspected tear but not over the entire joint line, and perhaps lack of full passive flexion); and consistent findings on MRI, as criteria necessary to support the medical necessity of meniscectomy. ODG identifies documentation of conservative care (Physical therapy OR Medication OR Activity modification), at least two symptoms (Joint pain OR Swelling OR Feeling of give way OR Locking, clicking, or popping), at least two findings (Positive McMurray's sign OR Joint line

tenderness OR Effusion OR Limited range of motion OR Locking, clicking, or popping OR Crepitus), and imaging findings (Meniscal tear on MRI), as criteria necessary to support the medical necessity of meniscectomy. Within the medical information available for review, there is documentation of a diagnosis of tear of the medial cartilage or meniscus of knee. In addition, there is documentation of subjective findings (popping, catching, swelling, and painful right knee), objective findings (positive joint line tenderness, positive McMurray's, and right knee effusion), and conservative treatment (physical therapy, medications, and knee brace). However, given documentation of imaging findings (MRI right knee identifying intramensical type I and type II signal changes of both medial and lateral menisci with no definite meniscal tear), there is no documentation of imaging findings (Meniscal tear on MRI). Therefore, based on guidelines and a review of the evidence, the request for right knee arthroscopy medical meniscectomy, chondroplasty is not medically necessary.

PRE OPERATIVE MEDICAL CLEARANCE: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation [HTTP://WWW.GUIDELINE.GOV/CONTENT.ASPX?ID=38289](http://www.guideline.gov/content.aspx?id=38289).

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 COLD THERAPY UNIT: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation KNEE COMPLAINTS. ACOEM OCCUPATIONAL MEDICINE PRACTICE GUIDELINES, 2ND EDITION, 2008 PAGES 1015-1017.

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 X 12 VISITS: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

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 MEDICATION VICODIN: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation the KNEE COMPLAINTS. ACOEM OCCUPATIONAL MEDICINE PRACTICE GUIDELINES, 2ND EDITION, 2008.

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.