

Case Number:	CM14-0004696		
Date Assigned:	01/22/2014	Date of Injury:	06/20/2013
Decision Date:	03/25/2014	UR Denial Date:	12/24/2013
Priority:	Standard	Application Received:	01/10/2014

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 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 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 claimant is a 39 year old female injured June 20, 2013 sustaining an injury to her left knee. The clinical records reviewed include a September 20, 2013 orthopedic consultation indicating ongoing complaints about the left knee. It states she was hurt pushing dirt into a hole with immediate onset of pain. It states she has failed care including chiropractic measures and physical therapy. The radiographs showed mild degenerative joint disease. A corticosteroid injection was performed to the knee. A further review includes a November 20, 2013 follow-up with [REDACTED] indicating the claimant is with a physical examination continuing to show tenderness, positive McMurray's testing a plus one effusion and no instability. The injection therapy did not provide significant benefit. Reviewed was a September 28, 2013 MRI scan of the left knee that showed a posterior horn of the medial meniscal tear medial subluxation and tibial collateral ligament bursitis with a moderate joint effusion evident. The surgical intervention was recommended at that date in the form of knee arthroscopy for further management

IMR ISSUES, DECISIONS AND RATIONALES

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

left knee arthroscopy: 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),

Indications for Surgery--Diagnostic arthroscopy, and Surgery--Meniscectomy: Criteria for meniscectomy or meniscus repair

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 344-345.

Decision rationale: Based on the CA ACOEM Guidelines surgical intervention to include arthroscopy would appear medically necessary. The MRI report was reviewed that demonstrates clear evidence of medial meniscal pathology highly consistent with physical examination findings and the continued subjective complaints. The role of surgical intervention appears to be medically necessary.

history and physical: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation CA MTUS ACOEM OMPG (Second Edition, 2004), Chapter 7 Independent Medical Examinations and Consultations, page 127

Decision rationale: Based on the CA ACOEM Guidelines the role of a preoperative consultation for history and physical examination would not be indicated. The claimant is a 39 year old female who does not appear to be with significant underlying comorbidities. The role of a history and physical examination for preoperative clearance in a young 39 year old individual absent comorbidity factors in not indicated

Tramadol: 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 in Workers Compensation, 7th edition, 2011 Tramadol

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids-Tramadol (Ultram) Page(s): 91-94.

Decision rationale: Based on the MTUS Chronic Pain Medical Treatment Guidelines the continued use of Tramadol is necessary. The claimant is with an acute injury including positive MRI findings and is to undergo operative process. The continued role of this analgesic for short term pain relief is medically appropriate

Protonix: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk.

Decision rationale: Based on the CA MTUS Chronic Pain Medical Treatment Guidelines the role of Protonix is not indicated. The claimant at the present does not meet or indicate any specific gastrointestinal risk factor for which the MTUS Guidelines would support the role of a protective gastrointestinal medication. The role of Protonix pump inhibitor in this otherwise healthy 39 year old individual who is not currently utilizing non-steroidal medication is not indicated.