

Case Number:	CM14-0102057		
Date Assigned:	09/16/2014	Date of Injury:	12/11/2006
Decision Date:	10/27/2014	UR Denial Date:	06/02/2014
Priority:	Standard	Application Received:	07/02/2014

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 Orthopedic Surgery and is licensed to practice in Minnesota. 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:

This 49 year old female with a history of chronic bilateral knee pain and evidence of progressive patellofemoral chondromalacia. She was hit with a closed fist on her right knee by an autistic child on 12/11/2006. She received Physical therapy and an injection into her knee with benefit. An MRI scan of the right knee on 03/23/2007 revealed mild degenerative change of the trochlea medially. It was otherwise normal. On 4/15/10 a repeat MRI revealed a tiny knee effusion but was otherwise unremarkable. In 2009 she also developed left knee pain and wore braces on both knees. In 2012 she was kicked on her legs by an autistic child. A repeat MRI of the right knee on 02/18/2013 revealed degenerative change in the medial meniscus but no tear. Focal fissuring and high grade chondrosis of the femoral trochlea and focal fissuring of the medial patellar facet was noted. No evidence of meniscal or ligamentous injury. Repeat MRIs of both knees on 10/23/2013 are reported to show osteochondral defects in the intercondylar notch of both knees. The right knee defect was 15 mm and the left knee defect was 12 x 18 mm. On 5/17/2014 she was seen for bilateral knee complaints, stomach complaints and depression. She had patellofemoral knee pain with kneeling and squatting. Range of motion was 0-130. She was wearing knee braces. In June 2014 similar symptoms persisted. The primary issue here is patellofemoral syndrome with chondromalacia which is bilateral and progressive according to serial MRI scans. Other issues include anxiety and depression, stomach complaints, and hypertension. The disputed issues include surgery for the right knee arthroscopy, meniscectomy, and lateral release, right knee", psychiatric consultation, Nexium, and Lisinopril.

IMR ISSUES, DECISIONS AND RATIONALES

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

Surgery Arthroscopy, Meniscectomy and Lateral Release, for the Right Knee **Quantity: 1:**
Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

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

Decision rationale: In the absence of a documented meniscal tear on the MRI scan arthroscopic meniscectomy is not medically necessary. The worker has symptoms of patellofemoral syndrome in both knees and the MRI scans confirm this diagnosis. She has no mechanical symptoms of a meniscal tear such as locking, giving way, or recurring effusions. Multiple MRI scans have not revealed meniscal tears. Arthroscopic patellar shaving for patellofemoral syndrome has not been proved and its efficacy is questionable. There is no evidence of recurrent subluxation of the patella and therefore a lateral release is not medically necessary.

Consultation Psychiatric **Quantity: 1:** Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological Evaluations Page(s): 100-101.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological Evaluations Page(s): 100-102.

Decision rationale: Psychological evaluations are felt to be medically necessary per above chronic pain guidelines. However, I have not been provided with recent medical records and do not have adequate information to determine the need for a psychiatric consultation for the anxiety and depression related symptoms that are commonly treated by primary care physicians.

Nexium 40mg; One PO QD (one pill, by mouth, once daily) **Quantity: 30:** Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68.

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

Decision rationale: Additional records have become available since the UR report. Nexium is a proton pump inhibitor used concurrently with ibuprofen and naproxyn in light of the history of gastritis and stomach pain as reported. The medication was prescribed in 2012. The guidelines recommend use of NSAIDs with PPI in patients at intermediate risk for gastrointestinal events. However, long term PPI use >1year has been shown to increase the risk of hip fracture. Therefore long term use is not deemed medically necessary. The records do not indicate the workup for chronic stomach pain.

Lisonpril 20mg; One Pill, by Mouth, Once Daily (PO QD) Quantity: 30: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Diabetes chapter, Online version: Hypertension treatment

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

Decision rationale: Review of the medical records indicates a family history of hypertension in 3 sisters. The onset was in the year 2009. It is being controlled per available records with Lisinopril. The ODG guidelines indicate Lisinopril is among the first line 1st choice drugs for this condition. First line, 1st choice- Renin-angiotensin-aldosterone system blockers:ACE Inhibitors: Lisinopril.