

Case Number:	CM14-0106346		
Date Assigned:	08/13/2014	Date of Injury:	10/14/2013
Decision Date:	09/11/2014	UR Denial Date:	06/06/2014
Priority:	Standard	Application Received:	07/09/2014

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 Orthopaedic 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:

This 57-year-old female sustained an industrial injury on October 14, 2013. Injury occurred relative to a fall that resulted in a left hip femoral neck fracture. She underwent open reduction and internal fixation of the left femoral neck fracture on October 15, 2013. The March 25, 2014 left knee MRI impression documented minimal joint effusion with a mild amount of cartilage thinning or chondromalacia. There was a mild anterior cruciate ligament sprain. There was a tear of the posterior horn of the lateral meniscus and degeneration of the posterior horn of the medial meniscus. The April 23, 2014 physical therapy discharge report cited completion of 24 visits for the left hip and knee. Pain was reported overall decreased. Exam documented limited knee terminal extension with flexed knee gait during heel strike due to weakness and edema. There was 3-/5 strength in her hip abductors and she required an assistive device for ambulation due to hip and knee weakness. The patient had a good understanding of her home program in order to improve strength and mobility of the hip and knee. The June 1, 2014 orthopedic consult report cited continued left knee pain and swelling since the date of injury. Knee exam documented range of motion 0-130 degrees with mild patellofemoral crepitation, lateral joint line tenderness, and positive McMurray's with valgus stress. The knee was stable to anterior, posterior, lateral, and medial stress. X-rays showed mild arthritic changes of the left knee. The treatment plan recommended arthroscopic meniscectomy and debridement. The June 6, 2014 utilization review denied the left knee surgery as there was no documentation of mechanical symptoms or detailed evidence of conservative treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left knee meniscectomy and debridement: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 344-345. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment in Worker's Compensation, Knee and Leg Procedure Summary, (last updated 03/31/2014), Indications for Surgery, Meniscectomy.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343-345. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg, Meniscectomy.

Decision rationale: The California MTUS guidelines support arthroscopic partial meniscectomy for cases in which there is clear evidence of a meniscus tear including symptoms other than simply pain, clear objective findings, and consistent findings on imaging. The Official Disability Guidelines criteria for meniscectomy include conservative care (exercise/physical therapy and medication or activity modification) plus at least two subjective clinical findings (joint pain, swelling, feeling or giving way, or locking, clicking or popping), plus at least two objective clinical findings (positive McMurray's, joint line tenderness, effusion, limited range of motion, crepitus, or locking, clicking, or popping), plus evidence of a meniscal tear on MRI. Guideline criteria have been met. The patient presents with pain and recurrent swelling and clear objective findings of a meniscal tear consistent with imaging evidence. Reasonable conservative treatment has been tried and has failed. Therefore, this request is 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 Academy of Orthopaedic Surgeons, July 1987. revised August 1988. reviewed June 2010.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Centers for Medicare and Medicaid services, Physician Fee Schedule.

Decision rationale: The California MTUS guidelines do not address the appropriateness of assistant surgeons. The Center for Medicare and Medicaid Services (CMS) provide direction relative to the typical medical necessity of assistant surgeons. The Centers for Medicare & Medicaid Services (CMS) has revised the list of surgical procedures which are eligible for assistant-at-surgery. The procedure codes with a 0 under the assistant surgeon heading imply that an assistant is not necessary; however, procedure codes with a 1 or 2 implies that an assistant is usually necessary. For this requested surgery, CPT Code 29881, there is a "0" in the assistant surgeon column. Therefore, based on the stated guideline, this request is not medically necessary.

Post-Operative physical therapy (12 sessions): Overturned

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 24.

Decision rationale: The California Post-Surgical Treatment Guidelines for meniscectomy suggest a general course of 12 post-operative visits over 12 weeks during the 6-month post-surgical treatment period. An initial course of therapy recommended for 6 visits. If it is determined that additional functional improvement can be accomplished after completion of the general course of therapy, physical medicine treatment may be continued up to the end of the postsurgical physical medicine period. This is the initial request for post-operative physical therapy and, although it exceeds recommendations for initial care, is within the recommended general course. Therefore, this request is medically necessary.

Keflex (500mg, #4): Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Mosby's drug Consult, Cephalexin.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Bratzler DW, Dellinger EP, Olsen KM, Perl TM, Auwaerter PG, Bolon MK, Fish DN, Napolitano LM, Sawyer RG, Slain D, Steinberg JP, Weinstein RA. Clinical practice guidelines for antimicrobial prophylaxis in surgery. Am J Health Syst Pharm. 2013 Feb 1;70(3):195-283.

Decision rationale: The California MTUS does not provide guidance for post-operative antibiotics. The National Guideline Clearinghouse was searched. Clinical practice guidelines state that antimicrobial prophylaxis is not generally recommended for patients undergoing clean orthopedic procedures, including knee, hand, and foot procedures; arthroscopy; and other procedures without instrumentation or implantation of foreign materials. Guideline criteria have been met. The use of prophylactic antibiotics for this patient undergoing an arthroscopic repair with sutures is reasonable. Therefore, this request is medically necessary.

Zofran (4mg, #10): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines- Treatment in Worker's Compensation, Pain Procedure Summary (last updated 05/15/2014) Antiemetics (for opioid nausea).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Practice Guidelines for Postanesthetic care: an updated report by the American Society of Anesthesiologists Task Force on Postanesthetic Care. Anesthesiology. 2013 Feb; 118 (2):291-307.

Decision rationale: The California MTUS and Official Disability Guidelines do not provide recommendations for anti-emetics for post-operative use. Practice guidelines for post-anesthetic care support the use of anti-emetics, such as Zofran, for patients when indicated but do not recommend routine pharmacologic prophylaxis of nausea and vomiting. There are no specific indications for the prophylactic prescription of anti-emetics for this patient. Therefore, this request is not medically necessary.

Naproxen (500mg, #60): Overturned

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 (non-steroidal anti-inflammatory drugs) Page(s): 67-72.

Decision rationale: The California MTUS recommend the use of NSAIDs (non-steroidal anti-inflammatory drugs) like Naproxen for the treatment of knee osteoarthritis in patients with moderate to severe pain. It is generally recommended that the lowest effective dose be used for the shortest duration of time consistent with the individual patient treatment goals. Guideline criteria have been met for use in the post-operative period. Therefore, this request is medically necessary.

Colace (100mg, #10): Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines- Treatment in Worker's Compensation, Pain Procedure Summary (last updated 05/15/2014), Opioids, criteria for use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 77. Decision based on Non-MTUS Citation McKay SL, Fravel M, Scanlon C. Management of constipation. Iowa City (IA): University of Iowa Gerontological Nursing Interventions Research Center, Research Translation and Dissemination Core; 2009 Oct. 51 p.

Decision rationale: The California Medical Treatment Utilization Schedule guidelines recommend the initiation of prophylactic treatment of constipation when using opioids. The California Medical Treatment Utilization Schedule and the Official Disability Guidelines do not specifically address the use of stool softeners, such as Colace. The National Guidelines Clearinghouse includes guidelines that support the use of emollient laxatives, such as Colace, for the prevention of opioid-induced constipation. Guideline criteria have been met for post-operative use. Therefore, this request is medically necessary.

Norco (5/325mg, #50): Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use. Opioids, specific drug list Page(s): 76-80, 91.

Decision rationale: The California Medical Treatment Utilization Schedule guidelines support the use of hydrocodone/acetaminophen (Norco) for moderate to moderately severe pain on an as needed basis with a maximum dose of 8 tablets per day. Short-acting opioids: also known as "normal-release" or "immediate-release" opioids are seen as an effective method in controlling both acute and chronic pain. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Guideline criteria have been met for the post-operative use of Norco. Therefore, this request is medically necessary.

Vitamin C (500mg, #60): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Mdconsult.com (last updated 09/19/2009), Ascorbic acid- Vitamin C.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Complex Regional Pain Syndrome (CRPS), prevention Page(s): 38.

Decision rationale: The California MTUS guidelines support the use of prophylactic Vitamin C for the prevention of complex regional pain syndrome for patients who are status post fracture. Guideline criteria have not been met. This patient is status post left hip fracture and is undergoing additional left lower extremity surgery. There is no evidence of pre-complex regional pain syndrome or healing issues. Therefore, this request is not medically necessary.