

Case Number:	CM14-0010148		
Date Assigned:	02/21/2014	Date of Injury:	06/15/2011
Decision Date:	06/26/2014	UR Denial Date:	01/21/2014
Priority:	Standard	Application Received:	01/27/2014

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 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 claimant is a 58-year-old female who was injured in a work related accident on 06/15/11. The medical records available for review document current complaints of pain in the right knee. The report of plain film radiographs on 08/19/13 identified patellofemoral joint osteoarthritis. A report of the MRI from March of 2013 was not provided for review but the treating physician documents that it demonstrated a "retear of the medial meniscus." The records also note that the claimant is status post a 01/20/12 right knee arthroscopy with partial medial meniscectomy, synovectomy and chondroplasty and that conservative care since surgery has included medication management, injections, physical therapy and activity restrictions. The clinical assessment of 01/13/14 notes continued complaints of pain in the knee with examination showing 125 degrees range of motion, medial and lateral joint line tenderness, no crepitation or effusion, and positive McMurray's testing. Surgical arthroscopy, meniscectomy and plica excision were recommended for further treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

RIGHT KNEE MENISCECTOMY: Upheld

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

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

Decision rationale: Based on California MTUS ACOEM Guidelines, the request for right knee meniscectomy is not supported. The records provided for review do not include recent imaging demonstrating clear evidence of meniscal pathology. There is no formal report of the MRI scan. ACOEM Guidelines recommend surgery in cases of clear evidence of meniscal tearing and also state that meniscal surgery in the presence of degenerative changes may not be beneficial. The ACOEM Guidelines would not recommend knee arthroscopy in this individual with significant underlying degenerative change that is well documented from both plain film radiographs and prior arthroscopic procedure. Therefore, the need for operative intervention is not indicated.

RIGHT KNEE PLICA EXCISION: Upheld

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

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

Decision rationale: California MTUS ACOEM Guidelines do not support the role of surgery thus negating the need of plica excision portion of the procedure.

CRUTCHES: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Treatment in Worker's Comp, 18th Edition, 2013 Updates: knee procedure - walking aids (canes, crutches, braces, orthoses, & walkers) Recommended, as indicated below. Almost half of patients with knee pain possess a walking aid. Disability, pain, and age-related impairments seem to determine the need for a walking aid. Nonuse is associated with less need, negative outcome, and negative evaluation of the walking aid. (V

Decision rationale: The proposed knee surgery is not recommended as medically necessary. Therefore, the request for crutches would not be indicated. .

COLD THERAPY RENTAL 7 DAYS: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints
Page(s): 337-339. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG);

Treatment in Worker's Comp, 18th Edition, 2013 Updates: knee procedure - Continuous-flow cryotherapy Recommended as an option after surgery, but not for nonsurgical treatment. Postoperative use generally may be up to 7 days, including home use. In the postoperative setting, continuous-flow cryotherapy units have been proven to decrease pain, inflammation, swelling, and narcotic usage; however, the effect on more freq

Decision rationale: California MTUS ACOEM Guidelines would not support a cryotherapy device as the need for operative intervention has not been established.

POST-OP PHYSICAL THERAPY X 12: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: POSTSURGICAL TREATMENT GUIDELINES, , 2-3

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: California MTUS Postsurgical Rehabilitative Guidelines would not support the role of postoperative physical therapy as the need for operative intervention in this case has not been established.

NORCO 10/325MG, #120: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN, , 91

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines : Norco, Opioids, Page(s): 91, 78-79.

Decision rationale: California MTUS ACOEM Guidelines would not support the acute need of Norco. The use of this medication for postoperative use would not be indicated as the need for operative intervention has not been established.

TRAMADOL 50MG, #90: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN, , 83

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol, Tramadol (Ultram®; Ultram ER®; Page(s): 91.

Decision rationale: The proposed knee surgery is not recommended as medically necessary. Therefore, the request for Tramadol is not necessary.