

<b>Case Number:</b>	CM14-0015441		
<b>Date Assigned:</b>	07/02/2014	<b>Date of Injury:</b>	04/23/1988
<b>Decision Date:</b>	08/13/2014	<b>UR Denial Date:</b>	01/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/06/2014

### 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:

This is a 60 year old male with a reported industrial injury date of 4/23/1988 from cumulative trauma. An exam note from 8/5/13 demonstrates complaints of pain in the left knee and leg radiating down the leg. Examination demonstrates normal neurologic examination. Report states that McMurray's test is positive on the left. An MRI of the left knee on 9/24/07 demonstrates evidence of tear in the posterior superior margin of the medial meniscus on the left. An MRI of the lumbar spine dated 12/6/13 demonstrates L4/5 paracentral disc protrusion. An exam note dated 1/6/14 demonstrates limp favoring the left knee and lower extremity. Range of motion is noted to be 95 degrees on the left.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **ARTHROSCOPIC SURGERY FOR THE LEFT KNEE: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 335.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 344-345. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**Decision rationale:** The ACOEM Guidelines states regarding meniscus tears, "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)." According to the ODG, indications for arthroscopy and meniscectomy include attempts at physical therapy and subjective clinical findings which correlate with objective examination and MRI. In this case the MRI from 9/24/07 is over 6 years old and does not demonstrate clear evidence of meniscal pathology. Therefore, the request is not medically necessary and appropriate.

**MAGNETIC RESONANCE IMAGING (MRI) OF THE CERVICAL SPINE:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 167, 181-182.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178.

**Decision rationale:** According to the ACOEM Guidelines regarding special studies (MRI), recommendations are made for MRI of cervical or thoracic spine when conservative care has failed over a 3-4 week period. In this case the exam notes cited do not demonstrate any deficit neurologically or failed strengthening program prior to the request for MRI. Therefore, the request is not medically necessary and appropriate.

**MAGNETIC RESONANCE IMAGING (MRI) OF THE LUMBAR SPINE:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

**Decision rationale:** The ACOEM Guidelines states, "Unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. Indiscriminant imaging will result in false-positive findings, such as disk bulges, that are not the source of painful symptoms and do not warrant surgery. If physiologic evidence indicates tissue insult or nerve impairment, the practitioner can discuss with a consultant the selection of an imaging test to define a potential cause (magnetic resonance imaging [MRI] for neural or other soft tissue, computer tomography [CT] for bony structures)." In this particular patient there is no indication of criteria for an MRI based upon physician documentation or physical examination findings. There is no documentation nerve root dysfunction or failure of a treatment program such as physical therapy. Therefore, the request is not medically necessary and appropriate.

**URINE DRUG SCREEN TESTING:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 94-95.

**Decision rationale:** Per the MTUS Chronic Pain Guidelines pages 94-95, the use of urine toxicology is encouraged particularly when opioids are prescribed. In this case there is insufficient evidence of chronic opioid use or evidence of drug misuse to warrant urine toxicology. In addition multiple drug screens were obtained in the cited records. Therefore, the request is not medically necessary and appropriate.