

Case Number:	CM14-0015696		
Date Assigned:	03/03/2014	Date of Injury:	06/12/2012
Decision Date:	06/30/2014	UR Denial Date:	01/27/2014
Priority:	Standard	Application Received:	02/07/2014

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 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 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 64-year-old gentleman who was injured in a work-related accident on 6/12/12 when he lost his footing on a trailer. He was initially diagnosed with a left knee injury as well as low back complaints. Recent clinical records for review include an operative report dated 10/9/13 indicating that the claimant underwent surgical arthroscopy to the right knee with Grade IV degenerative changes in the lateral femoral and lateral tibial condyle and Grade III changes to the trochlear groove and patella. Previous to this assessment was a 9/27/13 clinical assessment by [REDACTED] where he noted the claimant's diagnosis of osteoarthritis to the bilateral knees. Specific treatment at that time was focused on the right knee with no documentation of examination of the left knee noted other than an antalgic guarded gait. The report of an MRI (magnetic resonance imaging) of the left knee dated 1/14/13 showed chondral thinning and fissuring with patellofemoral compartment, subchondral bone edema, and sclerosis with a small joint effusion and no indication of meniscal pathology. In addition, no further imaging, documentation of treatment or current physical examination findings with regard to the claimant's left knee are noted. At present, there is a request for a left knee arthroscopic intervention to include a partial meniscectomy and chondroplasty, twelve sessions of post-operative physical therapy, and Zofran for post-operative use.

IMR ISSUES, DECISIONS AND RATIONALES

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

ZOFRAN 8MG CAPSULES #20, BETWEEN 1/24/2014 AND 3/10/2014,: 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), and <http://www.drugs.com/pro/zofran.html>

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain procedure - Antiemetics (for opioid nausea).

Decision rationale: The CA MTUS and ACOEM Guidelines are silent. When looking at Official Disability Guidelines (ODG), the request for Zofran would not be indicated. Per ODG, the role of this anti-emetic for post-operative use would not be supported as the need for operative intervention has not yet been established. As such, the request is not certified.

LEFT KNEE ARTHROSCOPY & PARTIAL MENISCECTOMY, BETWEEN 1/24/2014 AND 3/10/2014: 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), Knee & Leg.

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

Decision rationale: Based on the California ACOEM Guidelines, the role of the surgical process in this case would not be supported. The claimant's clinical imaging available for review demonstrates advanced underlying osteoarthritic change with no indication of acute meniscal pathology. The specific request for surgical intervention to include meniscectomy and chondroplasty would not be supported. The ACOEM Guidelines clearly indicate that the role of operative intervention for patients with underlying advanced degenerative osteoarthritis yields significant diminished benefit. The request in this case would not be supported.

TWELVE (12) POST - OPERATIVE PHYSICAL THERAPY VISITS, BETWEEN 1/24/2014 AND 3/10/2014: Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: Based on California MTUS Post-Surgical Rehabilitative Guidelines, twelve sessions of physical therapy would not be indicated as the need for operative intervention has not yet been established.