Case Number:	CM14-0019229		
Date Assigned:	04/21/2014	Date of Injury:	07/17/1995
Decision Date:	07/18/2014	UR Denial Date:	02/03/2014
Priority:	Standard	Application Received:	02/14/2014

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 and Utah. 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 injured worker is a 73-year-old male who reported an injury on 07/17/1995. The mechanism of injury was that the injured worker was participating in simulated stress testing at the rifle range and felt he may not have re-shouldered his shotgun appropriately every time. The injured worker underwent an arthroscopic surgery for the right knee in 2000 by which time the injured worker already had a grade 3 to 4 chondromalacia and signs of mild to moderate osteoarthritis. It was indicated the injured worker had failed medication by mouth, Viscosupplementation series, and unicompartmental arthroplasty. The patient underwent a right knee surgery on 05/23/2000 which revealed the patient had a grade III and grade IV chondromalacia of the medial femoral condyle, weight bearing surface and at the trochlea area and the grade 3 of the patella. There was a tear in the posterior horn of the lateral meniscus and a tear of the lateral aspect of the lateral meniscus as well as a hypertrophic synovium. The documentation of 11/18/2013 revealed the injured worker isolated his pain in and around the kneecap region. There was no pain on the medial aspect of the knee. The injured worker had pain around the kneecap region. The physical examination revealed tenderness to palpation of the patellofemoral region. There was crepitus with range of motion and mild pain with the McMurray's maneuver. The diagnoses included degenerative disc disease, right knee, primarily in the medial compartment. The treatment plan included a right knee arthroscopy. The injured worker had been approved for a knee replacement, however, the symptoms had decreased and the injured worker would rather have a right knee arthroscopy. This request was previously denied as the injured worker had failed appropriate treatments for arthritis, and has significant chondromalacia.

IMR ISSUES, DECISIONS AND RATIONALES

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

RIGHT KNEE ARTHROSCOPY, PROBABLE CHONDROPLASTY, SYNOVECTOMY: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation ODG, Knee Chapter.

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) Kne & Leg Chapter, Condroplasty.

Decision rationale: The ACOEM Guidelines indicate that a surgical consultation may be appropriate for injured workers who have activity limitations for more than 1 month and the failure of exercise programs to increase range of motion and strength around the musculature of the knee. However, they do not specifically address chondroplasties. As such, secondary guidelines were sought. The Official Disability Guidelines indicate the criteria for chondroplasty require medication or physical therapy and that the injured worker have joint pain and swelling plus effusion or crepitus or limited range of motion and a chondral defect on MRI. The injured worker had complaints of pain, swelling and had crepitus. The clinical documentation submitted for review failed to provide documentation of physical therapy. There was a lack of documentation of a chondral defect on MRI. However, there was documentation the injured worker had undergone a previous surgical intervention which revealed grade III and grade IV chondromalacia of the medial femoral condyle. These would be considered exceptional factors. As such, this request is supported. Given the above, the request for right knee arthroscopy, probable condroplasty, synovectomy is medically necessary.

PRE-OPERATIVE LABS - CBC, CMP (HTN): 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) Low Back Chapter, Preoperative lab testing.

Decision rationale: The Official Disability Guidelines indicates the Criteria for Preoperative lab testing include that electrolyte and creatinine testing should be performed in patients with underlying chronic disease and those taking medications that predispose them to electrolyte abnormalities or renal failure. Additionally, a complete blood count is indicated for patients with diseases that increase the risk of anemia or patients in whom significant perioperative blood loss is anticipated. There was a lack of documentation of the above criteria. As such, the request for pre-operative labs - CBC, CMP (HTN) is not medically necessary.

EKG: 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) Low Back Chapter, Preoperative electrocardiogram (ECG).

Decision rationale: The Official Disability Guidelines indicate that patients undergoing low risk surgeries do not require electrocardiography. Ambulatory surgery is a low risk surgical procedures and that patients with signs or symptoms of active cardiovascular disease should be evaluated with appropriate testing, regardless of their preoperative status. There was a lack of documentation of exceptional factors. As such, the request for EKG would not be medically necessary.

POST-OPERATIVE NORCO 5/325 #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic pain Page(s): 60.

Decision rationale: The California MTUS guidelines recommend opiates for the treatment of chronic pain. This request was for post operative use. However, the request as submitted failed to indicate the frequency and, therefore, the request would not be supported. Given the above, the request for post-operative Norco 5/325 #60 is not medically necessary.

POST-OPERATIVE PHYSICAL THERAPY 2 X WEEK FOR 6 WEEKS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 10, 25.

Decision rationale: The California MTUS postsurgical treatment guidelines recommend 12 visits for the treatment of chondromalacia of the patella and they further recommend that the initial treatment is one half the number of recommended visits, which would be 6 visits. The request for 12 visits exceeds guideline recommendations. This request would not be supported. Given the above, the request for post-operative physical therapy 2 x week for 6 weeks is not medically necessary.

POST-OPERATIVE COLD THERAPY 7 DAY RENTAL: Overturned

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) Knee & Leg Chapter, Continuous Flow Cryotherapy.

Decision rationale: The Official Disability Guidelines recommends post-operative use of continuous flow cryotherapy for 7 days. The requested procedure was found to be medically necessary and as such, this request would be supported. Given the above, the request for post-operative cold therapy 7 day rental is medically necessary.