

Case Number:	CM14-0128398		
Date Assigned:	08/18/2014	Date of Injury:	07/23/2011
Decision Date:	09/15/2014	UR Denial Date:	08/04/2014
Priority:	Standard	Application Received:	08/13/2014

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 53-year-old gentleman who sustained a vocational injury on 07/23/11. The medical records provided for review document that the claimant underwent right total knee replacement on 11/30/12 and subsequently had manipulation under anesthesia on 04/10/13. The report of x-rays of the right knee performed on 05/16/14 showed the right knee arthroplasty with no complicating features related to the distal femoral or proximal tibia prosthetic components. There were arthropathy changes of the patella with irregularity and spurring along the articular surface. Minimal knee joint effusion was suspected. There was mild heterotopic bone formation seen posterior to the distal femur to the lateral joint space. The office note dated 05/16/14 noted complaints of increasing pain in the right knee and pain in his Achilles region. Examination revealed full passive, active and symmetric range of motion of the hips, knees and ankles. He had tenderness over the medial joint line and medial collateral ligament of the right knee. There was poor patellar extension. There was range of motion deficits of 0 degrees of extension and 25 degrees of flexion. There was poor excursion of the patella. There was tenderness over the Achilles area, particularly in a retro calcaneal bursa. The diagnosis was chronic synovitis of the right knee, limited motion, and mild retro calcaneal bursitis. The claimant was provided with an injection on 05/16/14. It was also noted that the claimant underwent an injection on 03/21/14. The current request is for right knee arthroscopic synovectomy and release of adhesions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Surgery, right knee arthroscopic synovectomy & release adhesions: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, 12th edition, Knee and Leg, 2014.

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 chapter: Diagnostic arthroscopy.

Decision rationale: California ACOEM Guidelines recommend that prior to considering surgical intervention for knee complaints, there should be documentation of activity limitation for more than one month and failure of exercise program to increase range of motion and strength of the musculature around the knee. Official Disability Guidelines also note that documentation should establish that there has been failure of conservative treatment to include medications or physical therapy plus pain and functional limitations despite conservative treatment when imaging is inconclusive. Documentation presented for review suggests that the claimant has already had manipulation under anesthesia along with multiple injections. However, there is a lack of documentation that the claimant has had recent formal physical therapy or anti-inflammatories, which are recommended as traditional first-line conservative treatment options prior to considering surgical intervention. Documentation also fails to establish that the claimant has significant abnormal physical exam objective findings establishing the medical necessity of the requested procedure or that the requested procedure would provide any significant short and long term hope for continued progress status post total knee arthroplasty. Therefore, based on the documentation presented for review and in accordance with California ACOEM Guidelines and Official Disability Guidelines, the request for the right knee arthroscopy with synovectomy and release of adhesions cannot be considered medically necessary.

Post op physical therapy for the right knee: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Pre-operative labs: CBC (Complete Blood Count), CMP (Comprehensive Metabolic Panel): Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary

Pre-operative chest x-ray: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Pre-operative EKG (Electrocardiogram): Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Facility- outpatient hospital admit, quantity 1: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Alprazolam 0.5mg #60 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

Decision rationale: The request for Alprazolam 25 mg dispensed #60 with one refill cannot be recommended as medically necessary. The California Chronic Pain Medical Treatment Guidelines recommend that Benzodiazepine of which Alprazolam is a medication cannot be recommended for more than four weeks due to the fact that long term efficacy is unproven and there is a risk of dependence. Documentation presented for review suggests that the claimant has

been on the medication for some time and there is no clear orthopedic and musculoskeletal medical necessity clearly provided for the continued usage. Therefore, based on the documentation presented for review and in accordance with California Chronic Pain Medical Treatment Guidelines, the request for the Alprazolam 0.5mg #60 with 1 refill cannot be considered medically necessary.