

Case Number:	CM14-0154409		
Date Assigned:	09/24/2014	Date of Injury:	08/04/2012
Decision Date:	10/24/2014	UR Denial Date:	09/15/2014
Priority:	Standard	Application Received:	09/22/2014

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 Orthopaedic 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 30-year-old female sustained an industrial injury on 8/4/12. The mechanism of injury was not documented. The 8/2/14 right knee MRI impression documented joint effusion, two 5 mm cysts in the popliteal fossa, collapsed Baker's cyst, and an anterior cruciate ligament sprain. There was a grade 3 tear versus grade 2 signal in the posterior horn and also in the anterior horn of the lateral meniscus. There was a vertical peripheral tear in the anterior horn of the lateral meniscus. There was a grade 2 signal versus grade 3 tear in the posterior horn of the medial meniscus and a possible tear in the root attachment. There was a 4 mm extra-meniscal cyst noted in relation to the anterior horn of the medial meniscus. MR arthrography was recommended for further evaluation. The 8/12/14 treating physician report cited severe right knee, right hip, and low back pain. She felt that the right lower extremity pain and burning sensation, including the knee and hip pain, were coming from her back. She was attending physical therapy twice a week and did not have the lumbar MRI yet. She was taking Gabapentin, Norflex, and Prilosec, and was using topical creams. Lumbar spine exam documented a limp primarily due to the right lower extremity and back stiffness. Straight leg raise was positive bilaterally. Right hip range of motion was within normal limits with no clicking or locking. Right knee exam documented anterolateral tenderness where the lateral meniscus attaches, grade 2 synovitis, and +2 patellar tenderness. Knee range of motion was 0-100 degrees on the right and 0-110 degrees on the left. There was bruising around the right knee that was mostly lateral with beginning spider web veins in the area. The diagnosis included right hip pain, rule-out labral tear, lumbar pain, rule-out herniated nucleus pulposus, and right knee pain with lateral meniscus tear. The treatment plan recommended continued physical therapy 2x6 (body part not specified) and right knee diagnostic arthroscopy to confirm meniscus tear and an intra-articular surgery that will probably require lateral meniscus repair. The 8/19/14 treating physician report indicated that she was seen to

discuss right knee surgery. The treatment plan recommended epidural steroid injections and right knee surgery. The 9/15/14 utilization review denied the request for right knee arthroscopy as insufficient information was provided relative to conservative treatment. The request for lumbar epidural steroid injection was denied as imaging and physical exam were not consistent with radiculopathy and conservative treatment was not clearly documented. The pain management consult was denied as the epidural steroid injection was not indicated.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Knee Arthroscopy plus Interarticular Surgery: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Indications for Surgery

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints
Page(s): 343-345, 347.

Decision rationale: The California MTUS guidelines support arthroscopic partial meniscectomy for cases in which there is clear evidence of a meniscus tear including symptoms other than simply pain (locking, popping, giving way, and/or recurrent effusion), clear objective findings, and consistent findings on imaging. The Official Disability Guidelines provide specific indications for diagnostic arthroscopy that include medications or physical therapy, plus pain and functional limitations despite conservative care, and imaging is inconclusive. Guideline criteria have not been met. There is no evidence of symptoms other than pain. Imaging findings documented possible medial and lateral meniscus tears and recommended MR arthrography should further clarification be required. Clinical exam findings documented tenderness over the lateral meniscal attachment but provocative testing was not documented. Evidence/outcomes of a recent, reasonable and/or comprehensive non-operative treatment protocol trial, directed to the right knee, and failure has not been submitted. Therefore, this request is not medically necessary.

Lumbar Epidural Steroid Injection at L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injection (ESIs) Page(s): 46.

Decision rationale: The California Medical Treatment Utilization Schedule (MTUS) supports the use of epidural steroid injections as an option for the treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy). Radiculopathy must be documented by physical exam and corroborated by imaging studies and/or electrodiagnostic studies and the patient should have been unresponsive to conservative treatment. Guideline criteria have not been met. There is no current documentation of dermatomal patterned pain or clinical exam findings suggestive of radiculopathy. There is no

imaging evidence documented in the file supporting a diagnosis of radiculopathy. Evidence of a recent, reasonable and/or comprehensive non-operative treatment protocol trial and failure has not been submitted. Therefore, the request for Lumbar Epidural Steroid Injection at L5-S1 is not medically necessary.

Pain Management Consult: 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 Independent Medical Examinations and Consultations Page(s): 127.

Decision rationale: As the epidural steroid injection request is not supported, this request is not medically necessary.