

Case Number:	CM14-0164817		
Date Assigned:	10/09/2014	Date of Injury:	10/25/2010
Decision Date:	11/10/2014	UR Denial Date:	09/25/2014
Priority:	Standard	Application Received:	10/07/2014

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 Texas. 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 69-year-old female who reported an injury on 10/25/2010. The mechanism of injury and diagnostic studies were not provided. The injured worker's surgical history included a surgery for a left knee meniscus tear in 2011. The other surgeries were noncontributory. Prior therapies included medications and work restrictions. The injured worker's medications included tramadol, Paxil, metformin, ibuprofen, and hydrochlorothiazide. There was a detailed Request for Authorization submitted for review. The documentation of 09/12/2014 revealed the injured worker had night pain. The injured worker had noted to trial NSAIDs. The documentation indicated the injured worker received a total knee replacement booklet. The injured worker had no injections or physical therapy since complaining of pain. The injured worker was a current smoker, one half to 1 pack per day. The physical examination revealed the injured worker had mild swelling. The injured worker had a guarded McMurray's. The injured worker had tenderness of the medial joint line. The injured worker underwent x-rays of the left knee revealing mild medial and lateral compartmental osteoarthritic changes. The physician documented the injured worker had an MRI. The diagnosis included left medial meniscus tear, acute. The injured worker underwent an MRI of the left knee on 07/10/2014, which revealed there was a small left knee joint effusion. There was no evident distinct left anterior cruciate ligament consistent with either an ACL tear or previous excision or postsurgical changes. There was a meniscal tear in the posterior horn of the medial lateral meniscus and probable meniscal tear of the anterior horn of the lateral meniscus. There was a posterior left knee popliteal cyst. There is a lack of documented rationale for the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient Arthroscopy, Left Knee: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

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

Decision rationale: The American College of Occupational and Environmental Medicine indicates that a surgical consultation may be appropriate for patients who have activity limitation for more than 1 month and a failure of an exercise program to increase range of motion and strength of the musculature around the knee. The clinical documentation submitted for review indicated the injured worker had no recent exercise program. However, as the injured worker had a tear, this request would be supported, if the specific procedure being requested was provided. The request as submitted failed to indicate the specific surgical intervention being requested. Given the above, the request for outpatient arthroscopy left knee is not medically necessary.

Postoperative Physical Therapy, 3 X Weekly For 4 Weeks, Left 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.

Cardiac Clearance, Consult and Testing: 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.

Vicodin 5/50mg, #60: 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.