

Case Number:	CM14-0167624		
Date Assigned:	10/14/2014	Date of Injury:	12/09/2012
Decision Date:	11/19/2014	UR Denial Date:	09/23/2014
Priority:	Standard	Application Received:	10/10/2014

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 48-year-old male police officer sustained an industrial injury on 12/09/12. Injury occurred while in a foot pursuit of a suspect. His left knee buckled and he injured his left knee and back. Past surgical history was positive for left knee arthroscopy with microfracture on 2/22/13. The 10/14/13 left knee MRI impression documented high-grade chondral thinning along the lateral part of the medial femoral condyle, 2 mm full thickness chondral defect over the medial ridge of the patella superiorly. There was moderate sized knee joint effusion with intraarticular synovitis. There was distal quadriceps and proximal patellar tendinitis with probable chronic stripping of the deep layer of the patellar tendon from the anterior patella. Records indicated that the patient completed a series of Orthovisc injections on 5/22/14 with some decreased pain. He reported occasional catching and popping. Physical exam documented no swelling. The patient was unable to squat, lift heavy boxes, or tolerate impact activities. The 9/11/14 treating physician report cited increased pain and inability to tolerate standing/walking. Left knee x-rays were taken and showed decreased joint space. There was 2 inch quadriceps atrophy. The diagnosis was left knee anterior cruciate ligament sprain and chondromalacia. The treatment plan recommended surgery for medial Mako. The 9/23/14 utilization review documented a peer-to-peer discussion. The request for a CT scan of the left knee was denied as the physician assistant reported that this was not necessary as Mako will not be used. The request for ON Q pain pump rental based on the absence of guideline support for post-op use. The request for home health care was denied as the physician assistant stated it was not necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Associated surgical service: CT Scan of left knee: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg, Computed tomography (CT)

Decision rationale: The California MTUS guidelines do not provide recommendations for pre-operative CT scans. The Official Disability Guidelines do not recommend CT scan for routine pre-operative templating in knee arthroplasty. Guideline criteria have not been met. This patient was recommended for a partial knee arthroplasty. The use of MAKO plasty was recommended but records indicate that this is no longer planned. Given the absence of guideline support for pre-operative CT scan templating in knee arthroplasty, this request is not medically necessary.

Associated surgical service: Post-op ON Q pain pain x 2 weeks: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg, Post-op ambulatory infusion pumps (local anesthetic)

Decision rationale: The California MTUS do not provide recommendations for this device. The Official Disability Guidelines state that post-op ambulatory infusion pumps are under study. Guideline criteria have not been met. There is no compelling reason to support the medical necessity of a post-operative infusion pump in the absence of guideline support. There is no indication that standard pain management will be insufficient. Therefore, this request is not medically necessary.

Associated surgical service: Post-op Home Health Care x 6 weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Home health services Page(s): 51.

Decision rationale: The California MTUS recommends home health services only for otherwise recommended treatment for patients who are home-bound, on a part time or intermittent basis. Medical treatment does not include homemaker services like shopping, cleaning, and laundry, and personal care given by home health aides like bathing, dressing, and using the bathroom when this is the only care needed. Guideline criteria have not been met. There is no clear

documentation as the type of home health services being recommended for this patient to establish medical necessity. Guideline criteria have not been met. Therefore the request is not medically necessary.