

Case Number:	CM14-0171472		
Date Assigned:	10/23/2014	Date of Injury:	08/23/2014
Decision Date:	11/21/2014	UR Denial Date:	10/09/2014
Priority:	Standard	Application Received:	10/16/2014

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 Minnesota. 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 44 years old female who slipped and fell while going upstairs at a rapid pace on 8/23/2014. She landed on the left side injuring the left shoulder. She has pain radiating down the left arm, and low back pain. There is evidence of impingement. Left knee exam revealed tenderness medially and a positive McMurray. Range of motion 0-115. MRI scan of the left knee revealed mild to moderate patellofemoral arthritis with moderate changes in the lateral facet. There is mild intra-meniscal myxoid degenerative signal intensity in the body and posterior horn of the medial meniscus. No tears are identified. Ligaments are intact. The disputed issues pertain to a request for arthroscopy of the left knee. The nature of the arthroscopic surgical procedure is not specified. Other requests pertain to ancillary services including TENS, cryo, pre-operative labs and chest x-ray, and Physical Therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Arthroscopy of the left knee: Upheld

Claims Administrator 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 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)
Section: Knee, Topic: Arthroscopic surgery for osteoarthritis

Decision rationale: Although medial tenderness and a positive McMurray are documented, the medical records do not document mechanical symptoms such as locking, catching, or giving way. There is no knee effusion. The MRI scan shows patellofemoral arthritis but there is no meniscal tear. The diagnosis is not in doubt. No conservative treatment is documented. The California MTUS guidelines recommend surgical consideration after activity limitation of more than one month and failure of an exercise program to increase range of motion and strength of the musculature around the knee. In the absence of mechanical symptoms and no evidence of a meniscal tear on the MRI scan arthroscopic partial meniscectomy is not indicated. The MRI scan shows evidence of Patellofemoral syndrome. Arthroscopic shaving of the patella is not recommended for osteoarthritis as long term improvement has not been proved and its efficacy is questionable. ODG guidelines do not recommend arthroscopic surgery for osteoarthritis. Arthroscopic lavage and debridement is no better than placebo surgery. The evidence based guidelines do not support arthroscopy of the knee for the diagnosis reported. The requested procedure is therefore not medically necessary.

Pre-op chest x-ray and labs: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American Society of Anesthesiologists Practice Advisory for Preanesthesia Evaluation

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

Decision rationale: As the surgery is not medically necessary, therefore the requested pre-op chest x-ray and labs are also not medically necessary.

TENS unit rental x 30 days: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
TENS Page(s): 116.

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

Decision rationale: As the surgery is not medically necessary, therefore the requested TENS unit rental is also not medically necessary.

Cold therapy unit x 7 days: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 299, 308. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee Chapter

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

Decision rationale: As the surgery is not medically necessary, so the post-operative cryotherapy is also not medically necessary.

8 post op physical therapy for the left knee: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

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

Decision rationale: As the surgery is not medically necessary, the post-operative physical therapy is also not medically necessary.