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| Case Number: | CM14-0174119 | | |
| Date Assigned: | 10/31/2014 | Date of Injury: | 02/21/2011 |
| Decision Date: | 12/17/2014 | UR Denial Date: | 10/07/2014 |
| Priority: | Standard | Application Received: | 10/22/2014 |

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 Orthopedic Surgeon 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:

According to the records made available for review, this is a 49-year-old male with a 2/21/11 date of injury. At the time (10/2/14) of request for authorization for OPA right knee subcutaneous lateral release and medial capsular repair, right knee; Assistant surgeon, right knee surgery; Post-op physical therapy 3 x week x 4 weeks, right knee; Pre-op medical clearance labs: CBC, CMP, PT/PTT, UA; Pre-op EKG; Pre-op Chest X-ray; Cold therapy unit, right knee; and Urine toxicology screen, there is documentation of subjective (subluxation of the right patella over a period of 2 weeks) and objective (lateral tracking of the right patella with apprehension, positive Patella grind test, mild patella crepitus, and positive McMurray's sign, Steinman's test, and Apley compression and distraction tests) findings, imaging findings (MRI of the right lower extremity (9/16/14) report revealed a focal moderate grade chondral fissuring at the lateral patellar facet with minimal pes anserine bursal fluid and intact menisci, cruciate ligaments, and collateral ligaments. X-ray of the right knee (2/13/14) report revealed slight superior spur at the pole of the patella), current diagnoses (right knee internal derangement), and treatment to date (left knee and lumbar spine physical therapy, steroid injections, bracing, and medications (including ongoing treatment with Tramadol since 6/25/14)). Regarding OPA right knee subcutaneous lateral release and medial capsular repair, right knee, there is no documentation of imaging (x-ray or MRI) findings (abnormal patellar tilt) and activity limitation for more than one month and failure of exercise programs to increase range of motion and strength of the musculature around the knee. Regarding Urine toxicology screen, there is no documentation of opioid abuse, addiction, or poor pain control.

IMR ISSUES, DECISIONS AND RATIONALES

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

OPA right knee subcutaneous lateral release and medial capsular repair, right knee:

Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS 2009 ACOEM, Occupational Medical Practice Guidelines, Second Edition (2007) Surgical considerations-Knee complaints, pgs. 343-345 and Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343-344. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg, Lateral retinacular release

Decision rationale: MTUS reference to ACOEM Guidelines identifies documentation of activity limitation for more than one month and failure of exercise programs to increase range of motion and strength of the musculature around the knee, as criteria necessary to support the medical necessity of knee surgery. ODG identifies documentation of failure of conservative care (physical therapy or medications), subjective (Knee pain with sitting OR pain with patellar/femoral movement OR recurrent dislocations) and objective (Lateral tracking of the patella OR recurrent effusion OR Patellar apprehension OR synovitis with or without crepitus OR increased Q angle >15 degrees) findings, and imaging (x-ray, computed tomography (CT), or MRI) findings (abnormal patellar tilt), as criteria necessary to support the medical necessity of Lateral retinacula release. Within the medical information available for review, there is documentation of diagnoses of right knee internal derangement. In addition, there is documentation of failure of conservative care (medications). Furthermore, given documentation of subjective (subluxation of the right patella over 2 weeks) and objective (lateral tracking of the right patella with apprehension, positive Patella grind test, mild patella crepitus, and positive McMurray's sign, Steinman's test, and Apley compression and distraction tests) findings, there is documentation of subjective (recurrent dislocations) and objective (Lateral tracking of the patella and patellar apprehension) findings. However, despite documentation of imaging findings (MRI of the right lower extremity report identifying a focal moderate grade chondral fissuring at the lateral patellar facet with minimal pes anserine bursal fluid and intact menisci, cruciate ligaments, and collateral ligaments and X-ray of the right knee report identifying slight superior spur at the pole of the patella), there is documentation of imaging (x-ray or MRI) findings (abnormal patellar tilt). In addition, there is no documentation of activity limitation for more than one month and failure of exercise programs to increase range of motion and strength of the musculature around the knee. Therefore, based on guidelines and a review of the evidence, the request for OPA right knee subcutaneous lateral release and medial capsular repair, right knee is not medically necessary.

Associated surgical service: Assistant surgeon, right knee surgery: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

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.

Associated surgical service: Post-op physical therapy 3 x week x 4 weeks, right knee:
Upheld

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

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.

Associated surgical service: Pre-op medical clearance labs: CBC, CMP, PT/PTT, UA:
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.

Associated surgical service: Pre-op EKG: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

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.

Associated surgical service: Pre-op Chest X-ray: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

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.

Associated surgical service: Cold therapy unit, right knee: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

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.

Urine toxicology screen: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS 2009 Chronic pain, pg. 43

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines On-Going Management Page(s): 78.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of abuse, addiction, or poor pain control in patient under on-going opioid treatment, as criteria necessary to support the medical necessity of Urine Drug Screen. Within the medical information available for review, there is documentation of a diagnosis right knee internal derangement. However, given documentation of records reflecting prescriptions for Tramadol since at least 6/25/14, there is no documentation of opioid abuse, addiction, or poor pain control. Therefore, based on guidelines and a review of the evidence, the request for Urine toxicology screen is not medically necessary.