

Case Number:	CM14-0179132		
Date Assigned:	11/03/2014	Date of Injury:	07/24/2012
Decision Date:	12/09/2014	UR Denial Date:	10/10/2014
Priority:	Standard	Application Received:	10/28/2014

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 and is licensed to practice in New York. 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 patient has a date of injury of July 24, 2012. The patient has chronic left knee pain. The patient reports injuring her left knee when she was in a squatting position and tried to stand up. She heard a pop in her left knee. Medical records document physical examination showing joint line tenderness. There is decreased range of motion due to pain. Anterior drawer test is negative. The leg is neurovascularly intact. The patient was treated with an ACE wrap and limited weight bearing. The patient continues to have chronic knee pain. At issue is whether arthroscopy is medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Arthroscopy for the left knee: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee Chapter

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

Decision rationale: This patient does not meet established criteria for left knee arthroscopy. Specifically the medical records do not document a recent trial and failure of conservative measures to include physical therapy. The patient has a document date of injury of 2012. The

medical records do not document adequate attempts at conservative measures for the treatment of chronic knee pain. In addition the medical record does not document any red flag indicators for knee arthroscopy surgery such as knee instability or locking. MTUS Criteria for knee arthroscopy are not met at this time and therefore, the request for Arthroscopy for the left knee is not medically necessary and appropriate.

Zolpidem 10mg #30: 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: The medical records do not justify the need for Zolpidem. This medication is not prescribing her chronic knee pain. In addition since surgery is not medically necessary, then medications associated with postoperative knee surgery are not medically necessary.

Tramadol 50mg #60: 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.

Decision rationale: MTUS guidelines do not recommend narcotics for the treatment of chronic knee pain. In addition, the medical records do not document that there is failure of first-line medications to include NSAIDs. Justification for narcotic use for chronic knee pain not present in the medical records. Tramadol is not medically necessary. Also, since surgery is not medically necessary, postoperative narcotic treatment and not medically necessary.