MAXIMUS Federal Services

Case Number:	CM14-0025939		
Date Assigned:	06/13/2014	Date of Injury:	07/15/2010
Decision Date:	07/29/2014	UR Denial Date:	02/21/2014
Priority:	Standard	Application Received:	02/28/2014

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 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 41-year-old female child development counselor sustained an industrial injury on 7/15/10 when she fell onto the right knee. The patient underwent right arthroscopic abrasion chondroplasty patella on 4/17/12 and excision of residual plica shelf on 10/18/13. Twenty four visits of post-op physical therapy and two corticosteroid injections were provided. The 1/7/14 orthopedic report cited persistent sharp pain over the right pes anserine bursa. Right knee exam documented pes bursa tenderness, normal joint stability, range of motion 0-135 degrees, 5/5 lower extremity strength, and intact sensation. A lidocaine injection to the pes bursa on 1/7/13 provided near complete relief of symptoms. The 1/24/14 chart note documented persistent pain with tenderness over the pes bursa. The treatment plan recommended pes anserine bursectomy. The 2/21/14 utilization review modified the request for right knee pes ansernius bursectomy with assistant surgeon, approving the surgery and denying the request for an assistant surgeon as the complexity of the case did not support the medical necessity. Physical therapy was modified and approved for 6 visits consistent with post-surgical treatment guidelines. Norco 10/325 mg was modified from an unknown quantity to #30. The request for a knee brace was denied based on an absence of medical rationale to support the need for bracing following a routine bursectomy. The request for a cold therapy unit was modified from 14 to 7 days consistent with guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right knee pes ansernius bursectomy, assistant surgeon: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Centers for Medicare and Medicaid services, Physician Fee Schedule.

Decision rationale: The 2/21/14 utilization review approved the request for right knee pes anserine bursectomy and denied the request for an assistant surgeon. The California Medical Treatment Utilization Schedule guidelines (MTUS) guidelines do not address the appropriateness of assistant surgeons. The Center for Medicare and Medicaid Services (CMS) provide direction relative to the typical medical necessity of assistant surgeons. The Centers for Medicare & Medicaid Services (CMS) has revised the list of surgical procedures which are eligible for assistant-at-surgery. The procedure codes with a 0 under the assistant surgeon heading imply that an assistant is not necessary; however, procedure codes with a 1 or 2 implies that an assistant is usually necessary. There is no specific CPT code for pes anserine bursectomy, therefore the CPT code for prepatellar bursectomy was used. For CPT code 27340, there is a "1" in the assistant surgeon column. Therefore, right knee pes ansernius bursectomy with an assistant surgeon is medically necessary.

Physical therapy (pt) times twelve: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 24-25.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 24-25.

Decision rationale: The California Post-Surgical Treatment Guidelines for knee procedures typically suggest a general course of 12 post-operative visits over twelve weeks during the 6-month post-surgical treatment period. An initial course of therapy would be supported for one-half the general course or 6 visits. The 2/21/14 utilization review recommended partial certification of 6 initial post-op physical therapy visits consistent with guidelines. There is no compelling reason submitted to support the medical necessity of care beyond guideline recommendations and the care already certified. Therefore, this request for physical therapy (PT) times twelve is not medically necessary.

Norco 10/325mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific drug list Page(s): 91.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Hydrocodone/acetaminophen Page(s): 76-80, 91.

Decision rationale: The California Medical Treatment Utilization Schedule guidelines (MTUS) support the use of hydrocodone/acetaminophen (Norco) for moderate to moderately severe pain on an as needed basis with a maximum dose of 8 tablets per day. Short-acting opioids, also known as "normal-release" or "immediate-release" opioids, are seen as an effective method in controlling both acute pain. Guideline criteria have been met for the post-operative use of Norco. The 2/21/14 utilization review partially certified the request for Norco 10/325 mg for a quantity of 30 to allow for post-operative use. The provider did not specify a quantity of medication. There is no compelling reason to support the medical necessity of Norco beyond the amount already approved. Therefore, this request for Norco 10/325 mg is not medically necessary.

Knee brace for post op care: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

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, Knee brace.

Decision rationale: The California Medical Treatment Utilization Schedule guidelines (MTUS) does not provide recommendations for knee braces in chronic conditions. The Official Disability Guidelines support the use of pre-fabricated braces for the following conditions: knee instability, ligament insufficiency/deficiency, reconstructed ligament, articular defect repair, avascular necrosis, meniscal cartilage repair, painful failed total knee arthroplasty, painful high tibial osteotomy, painful unicompartmental osteoarthritis, or tibial plateau fracture. Guideline criteria have not been met. There is no documentation that this patient meets the diagnostic criteria for use of a brace. There is no current evidence of knee instability or ligamentous insufficiency/deficiency consistent with guideline criteria. The medical rationale for a post-op brace following a pes anserine bursectomy was not provided or evident. Therefore, this request for knee brace for post-op care is not medically necessary.

Cold therapy unit rental times fourteen days: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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, Continuous flow cryotherapy.

Decision rationale: The California Medical Treatment Utilization Schedule guidelines (MTUS) is silent regarding cold therapy units. The Official Disability Guidelines state that continuous-flow cryotherapy is an option for up to 7 days in the post-operative setting following knee surgery. The 2/21/14 utilization review decision recommended partial certification of a cold therapy unit for 7-day rental. There is no compelling reason in the records reviewed to support the medical necessity of a cold therapy unit beyond the 7-day rental recommended by guidelines

and previously certified. Therefore, this request for a cold therapy unit rental times fourteen days is not medically necessary.