

Case Number:	CM14-0034285		
Date Assigned:	06/20/2014	Date of Injury:	07/26/2012
Decision Date:	10/31/2014	UR Denial Date:	03/04/2014
Priority:	Standard	Application Received:	03/19/2014

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:

The patient is a 53-year-old female with neck low back and knee injuries on July 26, 2012. MRI from June 2013 revealed chronic meniscal degeneration and tear involving the posterior horn and medial meniscus. There is a partial tear the ACL degenerative changes in the patellofemoral compartment. The patient had cortisone injection to right knee to provide only mild improvement. Supartz injections were performed with only transient improvement. Physical examination reveals range of motion decreased in the right knee compared to the left patellofemoral compression test was positive motor strength is normal. Physical examination of the lumbar cervical spine does not document specific radiculopathy. X-rays of the right knee revealed 3 mm of medial joint space preservation. At issue is whether right knee surgeries medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Non-MTUS Other Medical Treatment Guideline,

Official Disability Guidelines (ODG); Knee Chapter or Medical Evidence and on the MTUS Knee Pain Chapter.

Decision rationale: This patient does not meet established MTUS criteria for right knee surgery. Specifically there is no documentation of an adequate trial and failure of conservative measures for right knee pain. The medical records do not document a recent trial and failure physical therapy for right knee pain. On the patient does have degenerative changes on MRI, there is no documentation of significant physical therapy for knee pain. Knee surgery is not medically necessary at this time.

Epidural steroid injections to the right L4, left L5, and right S1: 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 Other Medical Treatment Guideline or Medical Evidence: and on the Official Disability Guidelines (ODG); Low Back Chapter, MTUS, Low Back Pain Chapter.

Decision rationale: The medical records do not document that the patient has specific radiculopathy on physical examination. In addition there is no clear correlation between lumbar MRI imaging and patient's physical examination showing specific radiculopathy. Also, there is no documentation a recent trial and failure of conservative measures for back pain. ODG criteria for lumbar ESI not met therefore, this request is not medically necessary.

Four trigger point injections to bilateral trapezius under ultrasound guidance: 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 Other Medical Treatment Guideline or Medical Evidence, Official Disability Guidelines (ODG); Neck Pain Chapter and on the MTUS Neck Pain Chapter.

Decision rationale: The medical records do not document that the patient had a recent trial and failure of conservative measures for treatment of neck pain. There is no documentation of physical therapy for neck pain and trapezius pain. ODG Criteria for trigger point injections not met. Therefore, this request is not medically necessary.