MAXIMUS Federal Services

Case Number:	CM14-0044358		
Date Assigned:	08/08/2014	Date of Injury:	06/14/2012
Decision Date:	09/11/2014	UR Denial Date:	03/27/2014
Priority:	Standard	Application Received:	04/11/2014

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 claimant is a 46-year-old gentleman who injured his left knee on June 14, 2012. The records provided for review state that the claimant underwent a microfracture procedure to the knee in 2010, prior to the industrial injury. A left knee MRI report dated February 6, 2013, documents significant osteoarthritic changes to the medial aspect of the knee, as well as moderate joint diffusion and a synovial cyst. Plain film radiographs dated November 15, 2013, showed no interval change and continued evidence of degenerative pathology. Treatment to date has included management with medications, corticosteroid injections, activity modifications and physical therapy. No additional imaging studies were referenced. As noted in a follow-up report dated March 20, 2014, this request is for repeat left knee surgery to include a arthroscopy, meniscectomy, debridement and microfracture procedure, as well as postoperative physical therapy, Keflex, Zofran, ibuprofen, Colace and Vicodin.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left Knee Meniscectomy, Debridement, Possible Knee Microfracture Procedure, Abrasion, and Drilling: 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, Microfracture Surgery (Subchondral Drilling).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 344-345. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment in Worker's Comp, 18th Edition, 2013 Updates: knee procedure - Microfracture surgery (subchondral drilling).

Decision rationale: Based on California MTUS ACOEM Guidelines and supported by Official Disability Guidelines criteria, left knee arthroscopy to include meniscectomy and microfracture would not be indicated. The ACOEM Guidelines state that surgery for meniscectomy shows less-than-favorable outcome in the claimants with a diagnosis of advanced degenerative arthrosis. In this case, imaging studies are consistent with underlying degenerative arthritis and document no acute indication of meniscal pathology. Regarding the microfracture procedure, the claimant already underwent a left knee microfracture procedure in 2010. The MRI scan shows changes to both the medial femoral and tibial aspect of the compartment - a clinical presentation inconsistent with the need for a repeat microfracture procedure. Given the presence of degenerative arthritis and medical history of prior microfracture in the left knee, this request would not be established as medically necessary.

Post Operative Physical Therapy: 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.

Keflex 500mg #40: 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.

Zofran 4 mg ODT #10: 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.

Ibuprofen 600mg #90: 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.

Colace 100mg #10: 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.

Vicodin 5/500mg #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: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Vitamin C 500mg #60: 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.