

Case Number:	CM14-0046573		
Date Assigned:	07/02/2014	Date of Injury:	06/27/2013
Decision Date:	08/28/2014	UR Denial Date:	03/25/2014
Priority:	Standard	Application Received:	04/14/2014

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 case involves a 44 year old female who sustained a right knee injury on 06/27/2013. In the offices notes dated 12/03/2013, it was noted that the injured worker has increased complaints of knee pain with prolonged standing and walking. The examination revealed a positive medical McMurray's test, 0 to 100 degrees range of motion, positive patellar grinding and a positive diagnostic response to an intraarticular corticosteroid injection. The follow up visit dated 02/19/2014 noted continued complaints of pain that had failed to improve with conservative treatment including corticosteroid injections, rest, physical therapy and medication management. The report of an MRI dated 08/29/13 showed advanced underlying degenerative change and a grade III signal change of the lateral meniscus. There was no documentation of plain film radiographs. The recommendation was made for right knee arthroscopy with postoperative physical therapy, a cryotherapy device, crutches and Sprix Nasal Spray.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Knee Arthroscopy: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 344-345. Decision based on Non-MTUS Citation ODG-TWC (Official Disability Guidelines- Treatment in Workers' Compensation), Knee and Leg Procedure (updated 1/20/2014).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints
Page(s): 344-345.

Decision rationale: Based on California MTUS ACOEM Guidelines, the request for right knee arthroscopy cannot be indicated as medically necessary. The medical records document that the claimant has evidence of advanced degenerative arthritis. The use of surgical arthroscopy and meniscectomy in the setting of advanced degenerative arthritis is not supported by the ACOEM Guidelines as advanced degenerative arthritis yields less than satisfactory outcome for meniscal tears. Without better documentation of the claimant's underlying arthritic findings in relationship to current physical examination, the ACOEM Guidelines would not support for right knee arthroscopy for the claimant.

Motorized Cold Therapy Unit: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints
Page(s): 337-339.

Decision rationale: The request for right knee arthroscopy cannot be indicated as medically necessary. Therefore, the request for a cryotherapy device is also not medically necessary.

Crutches: 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) Treatment in Worker's Comp, 18th Edition, 2013 Updates: knee procedure - Walking aids (canes, crutches, braces, orthoses, & walkers).

Decision rationale: The request for right knee arthroscopy cannot be indicated as medically necessary. Therefore, the request for the use of crutches postoperatively is also not medically necessary.

Sprix nasal spray 15.75 mg 40 units (5 bottles): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC (Official Disability Guidelines-Treatment in Workers' Compensation), Pain Procedure Summary (updated 6/7/14).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment in

Worker's Comp, 18th Edition, 2013 Updates: pain procedure - Sprix (ketorolac tromethamine nasal Spray).

Decision rationale: The request for right knee arthroscopy cannot be indicated as medically necessary. Therefore, the request for the postoperative use of Sprix Nasal Spray is also not medically necessary.

Postoperative physical therapy 2x4 weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: The request for right knee arthroscopy cannot be indicated as medically necessary. Therefore, the request for eight sessions of postoperative physical therapy is also not medically necessary.