

Case Number:	CM14-0047188		
Date Assigned:	07/02/2014	Date of Injury:	12/17/2013
Decision Date:	10/07/2014	UR Denial Date:	03/18/2014
Priority:	Standard	Application Received:	04/15/2014

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 47-year-old male who sustained a vocational injury on December 17, 2013. At the time of the injury the claimant was working for the [REDACTED] and injured his right knee. The office note dated January 29, 2014, noted that the claimant's right knee was worse and complained of intermittent pain worse with activity. On exam he walked with an antalgic gait. He was unable to fully squat due to significant medial knee pain with deep flexion and weightbearing on the right knee. There was crepitus with range of motion. There was medial joint line tenderness to palpation. There was tenderness to palpation over the anterior aspect of the medial femoral condyle with the knee flexed 90 degrees. There was no varus or valgus stress, laxity, negative anterior and posterior drawer, negative Lachman and negative McMurray's. Strength, deep tendon reflexes, vascular exam and special testing all were within normal limits of the bilateral lower extremities. The claimant was given a diagnosis of right knee medial femoral condyle chondral flap tear. Conservative treatment to date includes etodolac, Tylenol, and formal physical therapy. The office note of January 14, 2014 documented that an MRI performed on January 9, 2014, showed a chondral flap lesion of the central weight bearing surface of the medial femoral condyle. There was no meniscal tear, ACL or PCL tear noted at the time of the MRI. There was a popliteal cyst containing debris consistent with chondral debris, fibrous debris, or thickened synovial fronds. This request is for right knee diagnostic/operative arthroscopic meniscectomy versus repair with possible debridement and/or chondroplasty with an assistant surgeon.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right knee diagnostic/operative arthroscopic meniscectomy vs repair possible debridement, and or chondroplasty, assistant surgeon: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): Pages 344 and 345. Decision based on Non-MTUS Citation Official Disability Guidelines - Knee and Leg Procedure and Indications for Surgery

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343-345. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Knee and Leg chapter & Low Back chapter: Chondroplasty Other Medical Treatment Guideline or Medical Evidence: Milliman Care Guidelines 18th Edition; Assistant Surgeon Assistant Surgeon Guidelines 29240 - 29894

Decision rationale: The California ACOEM Guidelines note that there should be failure of an exercise program to increase range of motion and strengthen the musculature around the knee. They note that prior to considering meniscectomy, there should be consistent findings on MRI equating symptoms other than simply pain, and clear signs of a bucket handle tear on examination. ACOEM Guidelines also recommend that meniscal repair is indicated only in claimants that are under the age of 35 and have tears in anatomical regions which may be amenable to repair. The documentation fails to establish the claimant has meniscal and mechanical complaints and equivocal abnormal physical exam objective findings consistent with meniscal pathology which may be amenable to surgical repair. The claimant is over 35 years of age and subsequently meniscal repair would not be considered medically reasonable. Therefore, based on the documentation presented for review and in accordance with California ACOEM, the Official Disability Guidelines, and the Milliman Care Guidelines, the request for the right knee diagnostic/operative arthroscopic meniscectomy versus repair with possible debridement and/or chondroplasty with an assistant surgeon cannot be considered medically necessary.

LEVAQUIN 750MG #20: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Mosby's Drug Consult and Sanford Guide to Antimicrobial Therapy 2013, 43rd Edition

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: Prokuski L. Source University of Wisconsin Hospitals, Madison, WI 53792, USA. Abstract

Decision rationale: The request for the right knee diagnostic/operative arthroscopic meniscectomy versus repair with possible debridement and/or chondroplasty with an assistant surgeon cannot be considered medically necessary. Therefore, the request for Levaquin 750 mg, dispense #20, is also not recommended as medically necessary.

DVT PROPHYLAXIS WITH COLD COMPRESSION UNIT Purchase: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Knee and Leg Procedure

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Knee & Leg chapter: Continuous-flow cryotherapy

Decision rationale: The request for the right knee diagnostic/operative arthroscopic meniscectomy versus repair with possible debridement and/or chondroplasty with an assistant surgeon cannot be considered medically necessary. Therefore, the request for Deep Vein Thrombosis (DVT) prophylaxis with cold compression unit purchase is not medically necessary and appropriate.