

Case Number:	CM14-0059624		
Date Assigned:	07/09/2014	Date of Injury:	10/15/2010
Decision Date:	09/09/2014	UR Denial Date:	04/14/2014
Priority:	Standard	Application Received:	04/30/2014

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 Occupational Medicine 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 is a 54-year-old male who reported an injury on 10/15/10. He injured his left elbow, knee, and right shoulder when he slipped and fell on a muddy sidewalk. A progress note on 4/7/14 noted that the patient had pain in his knee. He is currently doing home exercises for the shoulder and knee. He reports that he went to a funeral and had difficulty walking and says his right knee gets very swollen. Objective exam documented: right knee with crepitation and TTP medially. +mild effusion with pain with McMurrays. The patient is stable without any complaints of calf pain. Right knee radiographs on 4/7/14 document some mild spurring of the medial joint and some of the superior patellofemoral and lateral facet with narrowing. There is no medial joint space narrowing with weight bearing. Diagnostic Impression noted: Bilateral Knee Osteoarthritis. Current treatment to date includes: physical therapy, medication management, home exercise program, activity modification. A Utilization Review decision dated 4/14/14 denied the request. The necessity for outpatient right knee arthroscopy, possible arthrotomy, debridement, meniscectomy and chondroplasty was denied because there was no indication of a recent MRI of the right knee to warrant any surgical treatment at this time. Also, the extent of conservative care directed to the right knee is unclear. It is noted that three Synvisc injections for the right knee were approved in 2011 but it is unclear if these were completed. As surgery is not medically necessary, the requests for purchase of post-operative crutches, post-operative physical therapy, and post-operative pain medications are also not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

OUTPATIENT RIGHT KNEE, ARTHROSCOPY, POSSIBLE ARTHROTOMY, DEBRIDEMENT, MENISCECTOMY, AND CHONDROPLASTY: 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 CHAPTER, REGARDING KNEE ARTHROSCOPY.

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 Chapter: Arthroscopic Surgery; Arthroscopic Surgery in Osteoarthritis.

Decision rationale: MTUS does not support "Arthroscopic surgery in the absence of objective mechanical signs, such as locking, popping, giving way, recurrent effusion or instability, and consistent findings on MRI." In addition, ODG criteria for diagnostic arthroscopy include, "Persistent pain and functional limitations recalcitrant to conservative care, when imaging is inconclusive." However, there is no documentation of a right knee MRI. There is no documentation of any significant functional deficits other than pain with walking. The objective exam documented that the patient had tenderness, but there was no evidence of instability. In addition, although the patient is noted to have had conservative management, it is unclear how much of the conservative management has been directed to the knees as opposed to the shoulder. Also, it was noted that the patient had previously been approved for Synvisc in 2011, but it is unclear if the patient received these injections and if he had any improvement from these injections. If the patient chose to not have the Synvisc injection, the rationale behind this decision should also be documented. Furthermore, the patient has a diagnosis of osteoarthritis, and ODG does not recommend arthroscopic surgery in arthritic knees. ODG states that, "Arthroscopic lavage and debridement in patients with osteoarthritis of the knee is no better than placebo surgery, and arthroscopic surgery provides no additional benefit compared to optimized physical and medical therapy." Therefore, the request for Outpatient Right Knee, Arthroscopy, Possibly Arthrotomy, Debridement, Meniscectomy, and Chondroplasty was not medically necessary.

PURCHASE CRUTCHES POSTOPERATIVE RIGHT KNEE SURGERY: 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 Chapter: Walking Aids.

Decision rationale: ODG states that, "Walking aids are recommended, with almost half of patients with knee pain possessing a walking aid." However, since this initial operative request was not found to be medically necessary, the associated operative request cannot be substantiated. Therefore, the request for Purchase Crutches Post-Operative Right Knee Surgery was not medically necessary.

POSTOPERATIVE PHYSICAL THERAPY AT 3 TIMES A WEEK FOR 4 WEEKS FOR THE RIGHT KNEE: 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 Dislocation of Knee; Tear of medial/lateral cartilage; Meniscus of knee; dislocation of patella.

Decision rationale: CA MTUS Post-Surgical Treatment Guidelines supports "Up to 12 sessions over 12 weeks for tears of medial/lateral cartilage or meniscal injuries with a treatment period of 6 months." However, since this initial operative request was not found to be medically necessary, the associated operative request cannot be substantiated. Therefore, the request for Postoperative Physical Therapy at 3 times a week for 4 weeks for the right knee was not medically necessary.

POSTOPERATIVE PAIN MEDICATION-NORCO 10MG: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47-48. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter: Opioids.

Decision rationale: CA MTUS states that, "Opioids appear to be no more effective than safer analgesics for managing most musculoskeletal and eye symptoms; they should be used only if needed for severe pain and only for a short time, such as in a postoperative setting." However, since this initial operative request was not found to be medically necessary, the associated operative request cannot be substantiated. In addition, the quantity of Norco being requested was not documented. Therefore, the request for Postoperative Pain Medication-Norco 10 mg was not medically necessary.

POSTOPERATIVE PAIN MEDICATION- NAPROSYN 500MG: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter: NSAIDs.

Decision rationale: CA MTUS states that, "NSAIDs are effective, although they can cause gastrointestinal irritation or ulceration or, less commonly, renal or allergic problems." Studies have shown that when NSAIDs are used for more than a few weeks, they can retard or impair bone, muscle, and connective tissue healing and perhaps cause hypertension. In addition, ODG states that there is inconsistent evidence for the use of these medications to treat long-term neuropathic pain, but they may be useful to treat breakthrough pain. However, since this initial operative request was not found to be medically necessary, the associated operative request cannot be substantiated. In addition, the quantity of Naprosyn being requested was not documented. Therefore, the request for Postoperative Pain Medication-Naprosyn 500 mg was not medically necessary.