MAXIMUS Federal Services

Case Number:	CM14-0060088		
Date Assigned:	08/08/2014	Date of Injury:	11/25/2007
Decision Date:	10/03/2014	UR Denial Date:	04/30/2014
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 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 66-year-old female who was injured on 11/25/07. The medical records provided for review pertaining to the claimant's right knee document prior surgery of right knee arthroscopy, partial medial and lateral meniscectomy with debridement on 07/25/08. Since surgery, the records document that the claimant has undergone aggressive conservative measures including physical therapy, psychotherapy, medication management, weight restrictions, ambulatory devices, corticosteroid injections and multiple series of viscosupplementation. The report of an MRI dated 05/16/13 revealed marrow edema with a small joint effusion and significant articular cartilage loss to the patella and medial compartment. There were intrasubstance signal changes of the meniscus. The clinical visit dated 04/17/14 revealed continued right knee pain, pain along the patellofemoral joint and lateral compartment, swelling, and difficulty with ambulation. The records document that another course of viscosupplementation was denied. The physical examination findings on 04/17/14 were not documented. This review is for right knee arthroscopy and chondroplasty.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Knee Arthroscopy with 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 and leg, Chondroplasty

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 and chondroplasty cannot be recommended as medically necessary. The ACOEM Guidelines recommend that surgery in individuals demonstrating signs and symptoms of degenerative arthritis yields less than satisfactory outcomes. The medical records document that the claimant has significant underlying degenerative arthrosis based on the intraoperative findings from a prior arthroscopy and imaging results. The treatment rendered for this individual has been directed towards degenerative arthritis including multiple series of viscosupplementation. There is no documentation of acute mechanical findings or internal pathology that would yield benefit by an arthroscopic procedure. Therefore, the request for right knee arthroscopy and chondroplasty cannot be supported.

Pre-operative complete blood count: 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 American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004); Chapter 7 Independent Medical Examinations and Consultations, page 127

Decision rationale: The request for right knee arthroscopy and chondroplasty cannot be recommended as medically necessary. Therefore, the request for preoperative testing for a complete blood count is also not recommended as medically necessary.

Pre-operative Electrocardiogram: 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 American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004); Chapter 7 Independent Medical Examinations and Consultations, page 127

Decision rationale: The request for right knee arthroscopy and chondroplasty cannot be recommended as medically necessary. Therefore, the request for preoperative EKG testing is also not recommended as medically necessary.

Pre-operative renal function panel: 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 American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004); Chapter 7 Independent Medical Examinations and Consultations, page 127

Decision rationale: The request for right knee arthroscopy and chondroplasty cannot be recommended as medically necessary. Therefore, the request for preoperative renal function panel is also not recommended as medically necessary.

Pre-operative Partial thromboplastin time: 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 American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004); Chapter 7 Independent Medical Examinations and Consultations, page 127

Decision rationale: The request for right knee arthroscopy and chondroplasty cannot be recommended as medically necessary. Therefore, the request for preoperative partial thromboplastin testing is also not recommended as medically necessary.

Pre-operative Prothrombin Time: 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 American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004); Chapter 7 Independent Medical Examinations and Consultations, page 127

Decision rationale: The request for right knee arthroscopy and chondroplasty cannot be recommended as medically necessary. Therefore, the request for preoperative prothrombin time is also not recommended as medically necessary.

Crutches: 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

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; 2013 Updates; 18th Edition; Knee Complaints: Walking Aids

Decision rationale: The request for right knee arthroscopy and chondroplasty cannot be recommended as medically necessary. Therefore, the request for crutches is also not recommended as medically necessary.

Post-operative Physical Therapy: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 25.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: The request for right knee arthroscopy and chondroplasty cannot be recommended as medically necessary. Therefore, the request for postoperative physical therapy is also not recommended as medically necessary.