

Case Number:	CM14-0060410		
Date Assigned:	09/10/2014	Date of Injury:	08/19/2013
Decision Date:	10/14/2014	UR Denial Date:	03/27/2014
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 28-year-old male with an industrial injury dated August 19, 2013. An MRI right knee September 14, 2013 demonstrates a focal high-grade chondral fissuring and delamination at the posterior aspect of the lateral femoral condyle measuring 6mm in AP dimension, an intact menisci, collateral ligaments and cruciate ligaments, and patella alta. Exam note August 01, 2014 state that the patient returns with a sharp pain in the right knee. The pain does not radiate but he explains that it does attribute to an awkward gait. The patient rates the pain a 5-7/10 scale. He mentions that the pain increases when he walks for longer periods of time or is standing. Current medications include Naproxen, Norco, and Tramadol. Upon physical exam there is evidence of a normal heel to toe gait, and there was a moderate discomfort demonstrated when asked to transfer from a chair to standing position. The knee appears normal and there is no evidence of swelling or a deformity. There is tenderness in the superior portion of the patella with positive patellar compression test and positive patellar compression crepitus. The patient was diagnosed with patellofemoral joint pain subsequent to traumatic injury of the right knee. Treatment includes an arthroscopic surgery.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Knee Diagnostic Arthroscopy (with shaving of cartilage of lateral femoral condyle as an outpatient): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Guidelines; ODG Indications for Surgery - Diagnostic arthroscopy ; Conservative Care; Medications ; OR Physical Therapy (<http://www.odg-twc.com/odgtwc/knee>)

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, Chondroplasty

Decision rationale: The California MTUS and ACOEM Practice Guideline are silent on the issue of chondroplasty. According to the Official Disability Guidelines, indications for chondroplasty, include failure of conservative care with evidence of joint pain or swelling and evidence of objective clinical findings such as an effusion, crepitus or limited range of motion. In addition, there should be evidence of a chondral defect on MRI. In this case, the MRI of the knee from September 14, 2013 does not demonstrate clear evidence of a chondral defect to warrant knee arthroscopy. Therefore, the request is not medically necessary.

Surgical Clearance with Internal Medicine: 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: As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.

Post-Operative Physical Therapy (12-sessions): 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: As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.

Knee brace: 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: As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.

Crutches: 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: As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.

Stronger TENS unit for home use: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS units.

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

Decision rationale: The California MTUS and ACOEM Practice Guidelines state that, some studies have shown that transcutaneous electrical neurostimulation (TENS) units and acupuncture may be beneficial in patients with chronic knee pain, but there is insufficient evidence of benefit in acute knee problems. Therefore the decision to prescribe a stronger TENS unit in the immediate, acute, post-operative setting is not supported by the guidelines above and therefore the request is not medically necessary.

Continue Physical Therapy (2 -3 times per week for the next 6): 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: As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.

Norco (325/10mg, 1 every 4-6 hours for severe pain, #120): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CA MTUS; Ongoing Opiates Page 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 80.

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, opioids should be continued if the patient has returned to work and the patient has improved functioning

and pain. Based upon the records reviewed there is insufficient evidence to support chronic use of narcotics. The patient has been on chronic opioids without demonstrated functional improvement, percentage of relief, demonstration of urine toxicology compliance or increase in activity. Therefore, the request is not medically necessary.

Prilosec (20mg, #60 for gastritis secondary to NSAID intake): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG; regarding the use of PPI (proton pump inhibitors)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68.

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, Prilosec is recommended for patients with risk factors for gastrointestinal events. The cited records from August 1, 2014 do not demonstrate that the patient is at risk for gastrointestinal events. Therefore, the request is not medically necessary.

Naproxen (550mg, 1-tablet 2-times per day, #120): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CA MTUS Guidelines; regarding NSAIDs (non-steroidal anti-inflamm.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Naproxen Page(s): 60.

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, Naproxen is a non-steroidal anti-inflammatory drug (NSAID) for the relief of the signs and symptoms of osteoarthritis. It is used as first line treatment but long-term use is not warranted. In this case, the claimant's injury is from August 19, 2013. The continued use of Naproxen is not warranted, as there is no demonstration of functional improvement in the records cited above. Therefore, the request is not medically necessary.