

Case Number:	CM14-0061891		
Date Assigned:	07/09/2014	Date of Injury:	02/09/2011
Decision Date:	08/08/2014	UR Denial Date:	04/25/2014
Priority:	Standard	Application Received:	05/03/2014

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 Spinal Surgery and is licensed to practice in New York. 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 patient is a 61-year-old female with a date of injury of February 9, 2011. The patient had L4-S1 decompression and fusion in June 2011. Patient continues to have chronic back pain. At issue is whether hardware removal is medically necessary. The patient also complains of knee pain with buckling and giving way in the right knee. Physical examination of the knee shows an effusion and medial joint line tenderness palpation with a positive McMurray's test. The MRI shows a grade 3 meniscal tear. The patient has been treated with NSAIDs, cortical steroid injections, physical therapy and home exercise program. Also at issue is whether right knee surgeries medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Removal of hardware, lumbar spine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Low Back Chapter; Hardware implant removal (fixation).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Non-MTUS the Official Disability Guidelines (ODG), Low Back Pain Chapter.

Decision rationale: Specifically, there is no documentation of a hardware block in the patient's response to hardware block. There is also no documentation of pseudoarthrosis or hardware breakage. There is no documentation of lumbar instability. Criteria for hardware removal not met. Therefore, the request for removal of hardware, lumbar spine is not medically necessary and appropriate.

Arthroscopic surgery, right knee: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 344-345. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Knee and Leg Chapter; Diagnostic arthroscopy.

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

Decision rationale: Specifically there is no documentation of an independent evaluation and report on the patient's knee MRI. It is unclear what type of meniscal tear is present in the patient's knee. It is also unclear what type of physical limitations the patient has. Also, response to recent trial of physical therapy is not adequately documented. Without independent review of the patient's MRI findings by qualified radiologist, criteria for meniscal knee surgery is not medically necessary and appropriate.