

Case Number:	CM14-0068988		
Date Assigned:	07/16/2014	Date of Injury:	08/02/2011
Decision Date:	08/14/2014	UR Denial Date:	05/07/2014
Priority:	Standard	Application Received:	05/14/2014

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 55 year old male who injured both knees on August 2, 2011, while working as a cement mason. The records available for review document a past surgical history of previous right knee arthroscopy in 2006; the operative report is not available. The claimant also underwent a left total knee replacement in 2012. Medical records pertaining to the right knee document a diagnosis of internal derangement. The report of a January 26, 2013, MRI of the right knee identified blunting and possible tear of the posterior horn of the medial meniscus. There is irregularity of the anterior horn of the lateral meniscus and what appears to be some evidence of chondromalacia of the medial femoral condyle. The report of plain film radiographs of the right knee dated December 6, 2013, showed evidence of chondrocalcinosis and mild medial joint space narrowing. The Agreed Medical Examination dated January 15, 2014, opined that the right knee condition did not appear to be amendable to arthroscopy and that the injured worker was a candidate for right total knee arthroplasty. The report of the March 2, 2014, office visit documented that the claimant had a rather complicated history and difficulty with his knees and reported increasing right knee discomfort. Physical examination of the right knee showed effusion, tenderness on palpation on the medial joint line, and range of motion was 0 to 120 degrees. There was mild instability of valgus stress testing with some laxity of the lateral collateral ligament and slight hyperextension of the knee. McMurray's testing was mildly positive for joint line pain. This request is for a right knee arthroscopic repair for internal derangement, pre-operative testing, 12 sessions of post-operative physical therapy and the post-operative use of a cold therapy unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right knee arthroscopic repair, internal derangement: 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: ODG Indications for Surgery.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343-345.

Decision rationale: The reviewed records document two different medical opinions on which surgical intervention - arthroscopy or arthroplasty - would be most beneficial. The AME evaluation performed in 2014 suggests the claimant had significant underlying degenerative change and that arthroscopic intervention would fail to provide any meaningful or significant relief. In addition, there is a lack of documentation that the claimant has attempted, failed and exhausted traditional, first-line conservative treatment options, such as formal physical therapy, activity modification, bracing, use of assistive devices, or injection therapy. A trial of conservative care prior to considering surgery is recommended under ACOEM Guidelines. ACOEM Guidelines also recommends that arthroscopy and meniscus surgery may not be equally beneficial for those patients who are exhibiting signs of degenerative changes. Absent documentation of conservative care and in light of the fact that there clearly appears to be degenerative component to the claimant's ongoing complaints of pain, this request is not medically necessary and appropriate.

Pre-op testing (including lab work/EKG): 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-Lumbar & Thoracic (Acute & Chronic) Chapter;<http://www.cigna.com/healthwellness/hw/medical-topics/comprehensive-metabolic-panel-tr6153>.

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 Exam and Consultations, page 127.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Post-operative physical therapy for the right knee 3x4: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Don Joy Iceman Clear Cub and Pad (Cold unit): 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), Cervical, Shoulder, Lumbar, and Knee Chapter.

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 Cold therapy & Game Ready.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.