

Case Number:	CM14-0075165		
Date Assigned:	08/08/2014	Date of Injury:	04/14/2011
Decision Date:	09/15/2014	UR Denial Date:	05/20/2014
Priority:	Standard	Application Received:	05/21/2014

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 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 has chronic right knee pain. She is a 56-year-old female who injured her right knee on April 14, 2011. Prior treatment included bracing, tramadol, naproxen and rest. A MRI the right knee from January 2012 showed tricompartmental osteoarthritis. There is medial meniscus consistent with intrasubstance degenerative tears. A CT scan from 2013 an MR arthrogram of the right knee revealed no discrete meniscal tear. The patient has Patel arthritis with chondromalacia in the trochanter groove on imaging studies. Physical examination shows bilateral crepitus and grating with range of motion. Range of motion of the knee shows deficit to 15 of flexion secondary to pain. At issue is whether knee surgeries medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Knee Arthorscopy with Meniscus Repair: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

Decision rationale: There is no documentation of a trial of cortisone injections to determine how much of the patient's pain is from osteoarthritis versus a potential meniscal tear or patellofemoral

problems. The patient did have a cortisone injection in May 2014 but there is no documentation of what the outcome of the injection was. The patient has established arthritis. There is no clear documentation of meniscal tear. Arthroscopic surgery for osteoarthritis is not recommended as per guidelines. There is also not a recent trial and failure of conservative measures to include sustained attempt at physical therapy. Guidelines for knee surgery not met. This patient does not meet establish criteria for right knee surgery. Therefore, the request is not medically necessary per guidelines.

Right Knee Arthroscopy Abrasion Arthroplasty with Chondroplasty:

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: MTUS Knee pain Chapter.

Decision rationale: There is no documentation of a trial of cortisone injections to determine how much of the patient's pain is from osteoarthritis versus a potential meniscal tear or patellofemoral problems. The patient did have a cortisone injection in May 2014 but there is no documentation of with the outcome of the injection was. The patient has established arthritis. There is no clear documentation of meniscal tear. Arthroscopic surgery for osteoarthritis is not recommended as per guidelines. There is also not a recent trial and failure of conservative measures to include sustained attempt at physical therapy. Guidelines for knee surgery have not been met. Therefore, the request is not medically necessary per guidelines.

Right Knee Arthroscopy with Lateral release: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence:MTUS Knee Pain Chapter.

Decision rationale: There is no documentation of a trial of cortisone injections to determine how much of the patient's pain is from osteoarthritis versus a potential meniscal tear or patellofemoral problems. The patient did have a cortisone injection in May 2014 but there is no documentation of with the outcome of the injection was. The patient has established arthritis. There is no clear documentation of meniscal tear. There is no clear documentation of patella alignment dysfunction. Arthroscopic surgery for osteoarthritis is not recommended as per guidelines. There is also not a recent trial and failure of conservative measures to include a sustained attempt at physical therapy. Guidelines for knee surgery have not been met. Therefore, the request is not medically necessary per guidelines.

Postoperative Physical Therapy 2 x 6 week - 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 cite any medical evidence for its decision.

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

Preoperative Labs: CBC, CMP: 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: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

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

Preoperative X-ray- Chest: 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: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Postoperative Visit: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

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

Outpatient hospital Admit: 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: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.