

Case Number:	CM14-0080092		
Date Assigned:	08/06/2014	Date of Injury:	07/20/2007
Decision Date:	09/12/2014	UR Denial Date:	05/27/2014
Priority:	Standard	Application Received:	05/30/2014

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 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 58-year-old male who sustained injury to the knees on July 20, 2007. He continues to have chronic knee pain. X-rays of the knees show reveal mild degenerative changes in the lateral compartment bilaterally. There is also spurring of the posterior patella in both knees. Physical examination shows no joint line tenderness and negative McMurray's test bilaterally. Knees were stable to provocative testing. Bilateral knee range of motion was normal at 0 240 and there is no evidence of atrophy in the thighs. Patient had previous right knee arthroscopy surgery. Conservative treatment has included injections physical therapy. The patient has had other conservative measures to include medications. He continues to have chronic knee pain. At issue is whether left knee arthroscopy with partial meniscectomy and chondroplasty of medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left Knee arthroscopy: 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 Chapter Arthroscopy for Osteoarthritis.

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

Decision rationale: This patient does not meet establish criteria for left knee arthroscopy surgery. There is no clear description of mechanical symptoms in the left knee the medical records. In addition the patient is a full range of motion and no evidence of instability. Absent mechanical symptoms, the benefit of left knee arthroscopy is questionable. In addition there is no MRI imaging showing specific pathology that would warrant knee arthroscopy treatment in the left knee. MRI of the left knee from 2012 only showed subtle findings of possible lateral meniscal tear along with degenerative arthritis. Criteria for left knee arthroscopy not met.

Preoperative Chest X-ray: 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 surgery is not medically necessary, then all other associated items are not needed.

Pre Operative Lab work: 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 surgery is not medically necessary, then all other associated items are not needed.

Pre Operative Medical Clearance: 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 surgery is not medically necessary, then all other associated items are not needed.

TENS Unit rental for 30 days: 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 surgery is not medically necessary, then all other associated items are not needed.

Post Operative Physical Therapy 8 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: Since surgery is not medically necessary, then all other associated items are not needed.

Rental of Cooling Unit 7 days: 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 surgery is not medically necessary, then all other associated items are not needed.

Hydrocodone /APAP/Ondansetron 10/30/2mg #30: 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 Other Medical Treatment Guideline or Medical Evidence: MYUS Chronic Pain treatment guidelines.

Decision rationale: Medical records do not document a recent functional capacity evaluation. In addition the patient's functional improvement from previous narcotic use does not document. Narcotics are not recommended for chronic pain.