

Case Number:	CM14-0099138		
Date Assigned:	07/30/2014	Date of Injury:	07/12/2007
Decision Date:	08/29/2014	UR Denial Date:	06/02/2014
Priority:	Standard	Application Received:	06/27/2014

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 patient is a 63-year-old female who sustained multiple orthopedic injuries in a work-related accident on 07/12/07. The clinical reports provided for review indicate the report of an MRI of the left knee dated 01/03/13 showing subtle degenerative tearing to the posterior horn of the medial meniscus. The records also indicate there was prior electrodiagnostic studies of the lower extremities dated 06/26/13 showing a normal study with irritability of the L5 myotomes. A follow up report of 05/09/14 described continued low back and left knee complaints with radiating numbness and tingling to the lower extremities. Physical examination revealed left knee crepitation, medial joint line tenderness, lateral joint line tenderness and no effusion. The lower extremities had diminished sensation over an L5 and S1 dermatomal distribution. There was positive straight leg raising and tenderness to palpation with an antalgic gait. Based on failed conservative care, diagnostic arthroscopy of the left knee with debridement was recommended as well as twelve sessions of postoperative therapy, the use of a cord compressive therapy device, repeat upper and lower extremity electrodiagnostic studies and trigger point injections to the low back.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left Knee Diagnostic Arthroscopy with debridement: 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), ODG-

TWC; ODG Treatment; Integrated Treatment/Disability Duration Guidelines, Knee and Leg Chapter, "ODG Indications for Surgery"--Diagnostic Arthroscopy: Criteria for diagnostic arthroscopy.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 344-45.

Decision rationale: California ACOEM Guidelines would not support the role of surgical process. ACOEM Guidelines state that arthroscopy and meniscus surgery may not be equally beneficial for those patients who are exhibiting signs of degenerative changes. The medical records provided for review document MRI findings of subtle degenerative tearing to the posterior horn of the medial meniscus. It is also not clear from the records whether the claimant has exhausted all benefit of conservative treatment to include injection therapy. For these reasons the proposed Left Knee Diagnostic Arthroscopy with debridement is not medically necessary.

Post-op Physical Therapy; Quantity twelve (12): Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: The proposed Left Knee Diagnostic Arthroscopy with debridement cannot be recommended as medically necessary. Therefore, the request for twelve sessions of postoperative physical therapy is also not medically necessary.

Vasotherm 4 with DVT Cold Compression 21 day rental: 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 Official Disability Guidelines (ODG); Treatment in Worker's Comp, 18th Edition, 2013.

Decision rationale: The proposed Left Knee Diagnostic Arthroscopy with debridement cannot be recommended as medically necessary. Therefore, the request for a vasotherm device as well as a cryotherapy device for twenty-one days is not medically necessary.

Electromyography (EMG) bilateral upper extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 178.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178.

Decision rationale: California ACOEM Guidelines would not support the acute need of electrodiagnostic testing in the upper extremities. At present this individual's clinical presentation fails to demonstrate acute clinical finding of a neurologic nature to support the need of upper extremity electrodiagnostic testing. Postsurgery request in this case would not be indicated; therefore this request is not medically necessary.

Electromyography (EMG) bilateral lower extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

Decision rationale: California ACOEM Guidelines also would not support the need for electrodiagnostic studies to the lower extremities. This individual has already undergone lower extremity electrodiagnostic testing with no current change in clinical findings or clinical presentation. Given the claimant's current clinical picture, the acute need of repeat electrodiagnostic studies to the lower extremities would not be supported; therefore this request is not medically necessary.

Trigger Point Injections Back QTY: 1.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Trigger Point injections Page(s): 122.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Trigger point injections, page 122.

Decision rationale: California MTUS Chronic Pain Guidelines do not support the use of trigger point injections. This individual's physical examination fails to demonstrate any acute indication of need for trigger point injection. There is no physical exam finding consistent with isolated triggering to the muscles of the lumbar spine. There would be no indication for use of this injection based on claimant's clinical findings, therefore this request is not medically necessary.

