

Case Number:	CM13-0020593		
Date Assigned:	10/11/2013	Date of Injury:	07/21/2011
Decision Date:	03/13/2015	UR Denial Date:	08/28/2013
Priority:	Standard	Application Received:	09/05/2013

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: New York
 Certification(s)/Specialty: Neurological Surgery

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 injured worker is a 28-year-old male, who sustained an industrial injury on 7/21/2011. He has reported left knee and leg pain. Treatment to date has included physical therapy and cortisone injection, back brace, hot/cold wrap, Transcutaneous Electrical Nerve Stimulation (TENS) unit, and anti-inflammatory. Currently, on October 16, 2013, the IW complains of left hip, left knee, left leg and SI joint pain along with low back pain. Magnetic Resonance Imaging (MRI) of left knee dated 4/15/13 revealed a medial meniscus tear, degenerative changes of medial and lateral meniscus, tendinitis of cruciate ligament, partial tear could not be excluded. Current treatment diagnoses included left trochanteric bursitis, left knee internal derangement, status post left femur intramedullary rodding completed 7/21/11, sacroiliac joint inflammation on the left. On 8/28/2013 Utilization Review non-certified a request for arthroscopy, meniscectomy, lateral retinacular release, medial capsular imbrication, Amoxicillin 875 mg #20, Zofran 8 mg #20, and Neurontin 600 mg 60. Also pre-operative clearance (H&P, Complete Blood Count (CBC) with differential, BMP, electrocardiogram (EKG), chest x-ray), polar care, ELS Range of Motion (ROM) brace, crutches, pain catheter, anesthesia, and rejuveness silicon sheeting. The UR noted lack of supporting documentation submitted for review. MTUS and ODG Guidelines were cited. On 9/13/2013, the injured worker submitted an application for IMR for review of arthroscopy, meniscectomy, lateral retinacular release, medial capsular imbrication, Amoxicillin 875 mg #20, Zofran 8 mg #20, and Neurontin 600 mg 60. Also pre-operative clearance (H&P, Complete Blood Count (CBC) with differential, BMP, electrocardiogram (EKG), chest x-ray),

polar care, ELS Range of Motion (ROM) brace, crutches, pain catheter, anesthesia, and ReJuveness silicon sheeting.

IMR ISSUES, DECISIONS AND RATIONALES

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

Arthroscopy, Meniscectomy and Lateral Retinacular Release, Medial Capsular Inbrication: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 344-45. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee Chapter-lateral retinacular release

Decision rationale: California MTUS guidelines recommend arthroscopy and meniscectomy when there are clear signs of a bucket handle tear on examination and consistent findings on MRI scan. The worker's MRI scan of 04/15/20134 was suspicious for a tear in the posterior horn but was not positive. Physical examination findings are not present in the documentation to support a bucket handle tear. ODG guidelines recommend lateral retinacular release if there have been recurrent dislocations, pain on patellar movement of knee pain when sitting. Documentation is not provided that shows this on repeated visits. Moreover evidence meeting the criteria of lateral patella tracking and a Q angle of greater 15 degrees as well as a patellar tilt has not been provided.

Amoxicillin 875 mg, # 20: 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.

Zofran 8 mg, # 20: 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.

Neurontin 600 mg, # 60: 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.

Pre-Operative Clearance (H&P, CBC with differential, BMP): 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.

Rental of Polar care: 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.

Rental of ELS ROM Brace: 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.

Purchase of Crutches: 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.

Pain Catheter: 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.

Anesthesia: 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.

Rejuveness Silicon Sheeting: 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.

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.

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 the primary procedure is not medically necessary, none of the associated services are medically necessary.