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| Case Number: | CM14-0134956 | | |
| Date Assigned: | 08/27/2014 | Date of Injury: | 08/22/2011 |
| Decision Date: | 01/29/2015 | UR Denial Date: | 07/21/2014 |
| Priority: | Standard | Application Received: | 08/21/2014 |

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, has a subspecialty in Sports Medicine and is licensed to practice in Texas. 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 injured worker is a 42-year-old male who reported an injury of unspecified mechanism on 08/22/2011. On 06/24/2014, his diagnoses included right knee grade III patellofemoral chondromalacia, positive per MRI of 06/10/2014 and bilateral knee pain. On 05/08/2013, he had undergone a partial medial meniscectomy, chondroplasty of the inferior facet to patella, lateral release of the patella through a separate incision, synovectomy, medial/lateral patellofemoral compartments of the right knee. Upon examination of his right knee, he was able to flex to 125 degrees with great difficulty and severe pain. He also experienced pain with weight bearing. There was gross crepitation and tenderness to the patella. There was a positive squeak test indicating inflammation with the joint. It was noted that he had failed conservative care including injections of both viscosupplementation and corticosteroids to the right knee. Additionally, he received physical therapy and oral medications. There were reviews of an MRI and arthrogram, but the original reports were not available for review. The review stated that there was grade III patellofemoral chondromalacia, mild synovial thickening without evidence of synovitis of indeterminate etiology; otherwise, the MRI was unremarkable. The arthrogram reportedly was concerned about synovitis. It was noted that due to his difficulties with range of motion and pain which was not adequately addressed with his oral medications, it was felt that additional surgery was "worth considering". It was discussed with this worker, and he was told that there was no guarantee that it would improve his condition. A Request for Authorization dated 06/24/2014 was included in this worker's chart.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Knee Arthroscopy With Arthroscopic Surgery, To Include Meniscectomy, Chondroplasty; Synovectomy; Possible Lateral Release Patella; And Possible Removal Of Loose Bodies: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343-345. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee & Leg, Meniscectomy

Decision rationale: The request for right knee arthroscopy with arthroscopic surgery, to include meniscectomy, chondroplasty; synovectomy; possible lateral release patella; and possible removal of loose bodies is not medically necessary. The California ACOEM Guidelines note that arthroscopic partial meniscectomy usually has a high success rate for cases in which there was clear evidence of a meniscus tear including symptoms other than simply pain (locking, popping, giving way, recurrent effusion), clear signs of a bucket handle tear on examination noted by tenderness over the suspected tear, but not over the entire joint line and perhaps lack of full passive flexion and consistent findings on MRI. Arthroscopy and meniscus surgery may not be equally beneficial for those patients who are exhibiting signs of degenerative changes. Per the Official Disability Guidelines, meniscectomy is recommended for symptomatic meniscal tears for younger patients and for traumatic tears. The criteria for meniscectomy include conservative care consisting of exercises, physical therapy and medications or activity modification plus subjective clinical findings of at least 2 of the following: Joint pain or swelling or feeling of giving way/locking, clicking or popping, plus objective clinical findings including a positive McMurray's sign, joint line tenderness, effusion, limited range of motion, clicking, popping, or crepitus, plus imaging clinical findings consistent with meniscal tear on MRI. It was noted that this injured worker was taking oral medications, but the medications were not specified. It was noted that he had undergone physical therapy, but it was not clear whether this was postoperative therapy or therapy for the currently reported symptoms. Additionally, there was no evidence of a meniscal tear, patellar subluxation, or loose bodies in his right knee. Furthermore, all surgical requests must be supported by an original report of a diagnostic study. It cannot be an interpretation from a physician or a summarization within a submitted document. There were no original reports submitted for review of the MRI or arthrogram. The clinical information submitted failed to meet the evidence based guidelines for the requested service. Therefore, this request for right knee arthroscopy with arthroscopic surgery, to include meniscectomy, chondroplasty; synovectomy; possible lateral release patella; and possible removal of loose bodies is not medically necessary.

Post-Operative Knee Brace, Purchase: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

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.

Post-Operative Micro-Cool, Purchase: 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.

Post-Operative IFC Unit and Supplies, Purchase: 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.

Post-Operative TENS Unit and Supplies, Purchase: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS.

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.

Post-Operative Exercise Kit, Purchase: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Home Exercise Kits

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.

Post-Operative Motorized Compression Pump, 30-Days Rental: 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.

Post-Operative Acupuncture for the Right Knee, 2 Times per Week for 6 Weeks: 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.

Post-Operative Medication: Keflex 500mg #20: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Infectious Diseases Procedure

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.

Post-Operative Medication: Norco 5/325mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

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.