

Case Number:	CM14-0191265		
Date Assigned:	11/25/2014	Date of Injury:	05/02/2014
Decision Date:	03/27/2015	UR Denial Date:	10/22/2014
Priority:	Standard	Application Received:	11/17/2014

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. 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:

This 31 year old male floor installer twisted his left knee as he was moving a table saw into the back of a truck on 05/02/2011. When he failed to improve he underwent a left partial medial meniscectomy and synovectomy on 10/4/2011. On 05/20/2014 he had a cortisone injection in his right knee. He was treated with Norco and ibuprofen. On 09/22/2014 the injured worker reported ongoing pain in both knees examination of the left knee reveals tenderness at the medial joint line, crepitation through range of motion, mild effusion, no instability and range of motion was decreased. The diagnoses have included left knee medial meniscus tear, left knee chondromalacia, right knee medial meniscal tear, and right knee chondromalacia of the patella and right knee joint effusion. Treatment to date has included MRI of right and left knee. On the visit recorded in the PR2 of 12/2/2014 he stated the only medication that had helped in the past was Norco and he needed the medication. On 10/21/2014 Utilization Review non-certified left knee arthroscopy and debridement of the medial meniscal tear and chondroplasty of the patella, polar care unit, crutches and 12 post op physical therapy sessions of the left knee and modified Norco 5/325mg #90. The CA MTUS, ACOEM, Chronic Pain Medical Treatment Guidelines, and ODG were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

One (1) left knee arthroplasty and debridement of the medial meniscal tear and chondroplasty of the patella: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Menisectomy Chapter-Menisectomy

Decision rationale: The ODG guidelines list the criteria for menisectomy. First the patient should have failed a home exercise program and supervised physical therapy. Documentation is not provided about compliance or details about physical therapy and home exercise. ODG guidelines also indicate failure on medication should have occurred for surgical consideration. The documentation about the worker's demand for Norco is troublesome especially since a treatment plan for opiates is not outlined in the documentation and one of his providers was in legal trouble. Documentation shows his pain was under control. The criteria also list the subjective criteria and objective findings which the patient did not meet. Therefore, the requested treatment: One left knee arthroplasty and debridement of the medial meniscal tear and chondroplasty of the patella is not medically necessary and appropriate.

One (1) Polar Care unit: Upheld

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

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.

12 post-operative physical therapy sessions for the left knee: Upheld

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

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.

Norco 5/325 #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids- Long term users of opioids (6months or more); opioids for osteoarthritis; on-going managem.

Decision rationale: The California MTUS guidelines do not recommend opioids as a first-line therapy for osteoarthritis. Even at that, only a trial basis for short term use is recommended. But most importantly on-going management requires a commitment to a program of review, documentation of pain relief, functional status, side effects and medication use. Documentation does not provide evidence of this kind of oversight. Therefore, the requested treatment: Norco 5/325 #90 is not medically necessary and appropriate.