MAXIMUS Federal Services

Case Number:	CM14-0192581		
Date Assigned:	11/26/2014	Date of Injury:	01/30/2014
Decision Date:	01/14/2015	UR Denial Date:	10/20/2014
Priority:	Standard	Application Received:	11/18/2014

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:

This is a 60 year old male with a work related injury dated 01/30/2014 that included requirements of frequent to constant bending, stooping, squatting, climbing, overhead reaching, crouching, kneeling, balancing, pushing, pulling, simple and firm grasping, fine manipulation, torqueing, lifting, and lifting objects up to 75 pounds. According to a progress report dated 10/13/2014, the injured worker presented with complaints of right knee pain with burning and right shoulder pain radiating to bicep. Diagnoses included right shoulder adhesive capsulitis, status post right knee arthroscopy, and right knee post-traumatic arthrosis. According to an initial orthopedic consultation dated 05/27/2014, treatments have consisted of prescribed Physical Therapy, injections to the right knee with some relief, and medications. Diagnostic testing included MRI of right knee dated 08/21/2014 which noted extensive degenerative tears of the medial and lateral menisci, tri-compartmental chondromalacia and osteoarthritis, joint effusion, and posterior bone signal intensity bodies visualized in the posterolateral aspect of the knee. Work status is noted as return to modified work on 10/21/2014.On 10/20/2014, Utilization Review non-certified the request for DVA (R) knee intra-articular surgery, 24 post-operative Physical Therapy (PT), Motorized Cold Unit, A-Stim Unit, CPM (Continuous Passive Motion), Post-operative knee brace, and Mobility Leg Crutches citing American College of Occupational and Environmental Medicine and Official Disability Guidelines. The Utilization Review physician stated that the injured worker has clinical and imaging findings consistent with a right knee meniscus tear and chondral defect. However, there is limited documentation of conservative measures attempted and failed for the treatment of the right knee condition. Given the lack of failure of conservative care, the need for surgery is not established at this time and without approval of surgery, the need for post-operative Physical Therapy and Durable Medical

Equipment is not established. Therefore, the Utilization Review decision was appealed for an Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

DVA (R) knee intra-articular surgery: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 344-345. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 344-345. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg, Arthroscopic Surgery for Osteoarthritis

Decision rationale: CAMTUS/ACOEM Chapter 13 Knee Complaints, pages 344-345, states regarding meniscus tears, "Arthroscopic partial meniscectomy usually has a high success rate for cases in which there is clear evidence of a meniscus tear--symptoms other than simply pain (locking, popping, giving way, recurrent effusion); clear signs of a bucket handle tear on examination (tenderness over the suspected tear but not overthe entire joint line, and perhaps lack of full passive flexion); and consistent findings on MRI."In this case the MRI from 8/21/14 demonstrates osteoarthritis of the knee. The ACOEM guidelines state that, "Arthroscopy and meniscus surgery may not be equally beneficial for those patients who are exhibiting signs of degenerative changes."According to ODG, Knee and Leg Chapter, Arthroscopic Surgery for osteoarthritis,"Not recommended. Arthroscopic lavage and debridement in patients with osteoarthritis of the knee is no better than placebo surgery, and arthroscopic surgery provides no additional benefit compared to optimized physical and medical therapy."As the patient has significant osteoarthritis the determination is for non-certification for the requested knee arthroscopy.

24 Post operative physical therapy: 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.

Motorized cold unit: 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.

Stim Unit: 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.

CPM: 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 knee 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.

Mobility leg 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.