

Case Number:	CM14-0194058		
Date Assigned:	12/01/2014	Date of Injury:	11/05/2004
Decision Date:	02/10/2015	UR Denial Date:	11/17/2014
Priority:	Standard	Application Received:	11/19/2014

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 New York. 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 68-year-old male with bilateral knee pain. The patient also has low back pain. The patient has a date of injury of 5 November 2004 when he fell and landed on both knees. The patient had arthroscopic surgery on the left knee with some improvement. The patient takes narcotics. He continues to complain of bilateral knee pain and low back pain. On physical examination the patient has a normal gait. Examination meals revealed well-healed left knee arthroscopic scars. There is tenderness bilaterally to the left and right knees. There is evidence of patella grinding. There is no evidence of redness swelling or effusion in either knee. Patellar tracking is normal in the knees. Her knee joints are noted to be stable to all testing. Patient has normal patella apprehension and quadriceps testing. Patient continues to have knee pain. At issue is whether knee surgeries medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

(R) Knee Arthroscopy: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 345.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: MTUS Knee Pain Chapter

Decision rationale: This patient does not meet established criteria for right knee arthroscopy. Specifically the medical records do not document physical examination showing specific pathology in the knee. Also, the medical records do not document a recent imaging study to include MRI showing specific pathology in the knees. The patient had prior left knee arthroscopy. The medical records do not include any evidence of postoperative knee MRI imaging. The medical records do not show specific pathology on physical examination. Criteria for knee surgery not met and there is no clear pathologic condition noted in the medical records in either knee at this time.

Partial Medial Meniscectomy: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 344, 345 and 346. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: MTUS Knee Pain Chapter

Decision rationale: This patient does not meet established criteria for right knee arthroscopy. Specifically the medical records do not document physical examination showing specific pathology in the knee. Also, the medical records do not document a recent imaging study to include MRI showing specific pathology in the knees. The patient had prior left knee arthroscopy. The medical records do not include any evidence of postoperative knee MRI imaging. The medical records do not show specific pathology on physical examination. Criteria for knee surgery not met and there is no clear pathologic condition noted in the medical records in either knee at this time.

Chondroplasty: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Indications for Surgery

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: MTUS Knee Pain Chapter

Decision rationale: This patient does not meet established criteria for right knee arthroscopy. Specifically the medical records do not document physical examination showing specific pathology in the knee. Also, the medical records do not document a recent imaging study to include MRI showing specific pathology in the knees. The patient had prior left knee arthroscopy. The medical records do not include any evidence of postoperative knee MRI imaging. The medical records do not show specific pathology on physical examination. Criteria

for knee surgery not met and there is no clear pathologic condition noted in the medical records in either knee at this time.

Associated surgical service: Pre-Op Clearance: 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.

Game Ready [Vasopneumatic Compression System] (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.

Associated surgical service: Physical Therapy times 12: 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.

Associated surgical service: Norco 10-325mg #75 [Post-Op]: 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.

Associated surgical service: Lodine 400mg #28 [Post-Op]: 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.

Norco 10-325mg #75 (Current): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-100.

Decision rationale: MTUS guidelines pages 74-100 do not recommend the use of narcotics her chronic knee pain. The medical records do not document significant functional improvement with previous narcotic use. Norco is not medically needed and not supported by guidelines.