

Case Number:	CM14-0195913		
Date Assigned:	12/04/2014	Date of Injury:	01/28/2014
Decision Date:	01/29/2015	UR Denial Date:	10/24/2014
Priority:	Standard	Application Received:	11/21/2014

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 and is licensed to practice in Minnesota. 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 55-year-old male who sustained an industrial injury to his left knee on 1/28/2014. The mechanism of injury described was a slip and fall forward, landing on the left knee. He underwent an MRI scan and was referred for physical therapy. The MRI scan of the left knee performed on 3/5/2014 revealed an irregular signal in the posterior horn of the medial meniscus suspicious for a tear. The lateral meniscus was intact. There was a sprain of the femoral attachment of the medial collateral ligament. He also received a corticosteroid injection which was not effective.. On April 21, 2014 he underwent arthroscopy of the left knee with partial medial meniscectomy and chondroplasty of the medial femoral condyle and medial tibial plateau. The operative findings included a complex tear of the posterior horn and mid zone of the medial meniscus of the left knee and grade 2 chondromalacia of the medial femoral condyle and medial tibial plateau. A partial medial meniscectomy and chondroplasty was performed. The anterior cruciate ligament was intact. There was continuing pain after surgery and he reported no improvement. An MRI scan of the left knee without contrast performed 5 months after surgery on September 24, 2014 revealed an irregular linear signal affecting the medial meniscus from the mid body into the posterior horn measuring 1.7 cm representing a recurrent meniscal tear versus less likely residual tearing. Low-grade chondromalacia affecting the trochlear groove was also noted. A small effusion was present. A request for arthroscopy of the left knee, meniscectomy, chondroplasty, synovectomy, lateral release and possible removal of loose bodies was modified by utilization review to arthroscopy, meniscectomy, chondroplasty and synovectomy. Additional requests for ancillary services were also modified or noncertified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left knee arthroscopic surgery, including meniscectomy, chondroplasty, and synovectomy, plus possible lateral patella release and possible removal of loose bodies: 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.

Decision rationale: An MRI scan of the left knee without contrast performed on September 24, 2014 revealed an irregular linear signal affecting the medial meniscus from the mid body into the posterior horn measuring 1.7 cm representing a recurrent meniscal tear versus less likely residual tearing. Low-grade chondromalacia affecting the trochlear groove was also noted. A small effusion was present. The surgical request for arthroscopy, meniscectomy, and chondroplasty was certified by utilization review. The California MTUS guidelines support the surgical request for arthroscopy with partial meniscectomy. The documentation does not indicate the presence of patellofemoral malalignment necessitating the lateral release. The imaging studies also do not show a loose body. Therefore, the request for the additional surgical procedures including the lateral release and removal of loose body are not supported and the medical necessity is not established.

Associated Surgical Service: Micro Cool: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Section: Knee, Topic: Continuous-flow cryotherapy

Decision rationale: California MTUS guidelines do not address the use of continuous flow cryotherapy after knee surgery. Official Disability Guidelines and therefore used. The guidelines recommend continuous-flow cryotherapy for 7 days after knee surgery. Utilization Review certified a 7 day rental of the micro-cool unit. The request as stated does not specify if it is a purchase or rental and does not specify the length of rental. Therefore the request as stated was not medically necessary.

Associated surgical service: IFC unit and supplies: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy Page(s): 118.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines do not recommend interferential current stimulation as an isolated intervention. There is limited evidence of effectiveness in conjunction with other recommended treatments. Therefore, the request for IFC unit and supplies was not medically necessary.

Associated surgical service: TENS unit and supplies: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy Page(s): 116.

Decision rationale: Transcutaneous electrical nerve stimulation is an option but not a requirement for postoperative pain. It appears to be most effective for mild to moderate thoracotomy pain. It has been shown to be of lesser effect, or not at all for other orthopedic surgical procedures. Based upon guidelines, the request for a TENS unit for postoperative use is not medically necessary.

Associated surgical service: Exercise Kit: Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 24.

Decision rationale: Exercise is recommended after arthroscopic partial meniscectomy. The postoperative physical therapy has been approved. Therapeutic exercise will be supervised by the physical therapist per postoperative physical medicine guidelines. A transition to a home exercise program will be provided per guidelines. The medical necessity for an exercise kit is not established. This request is not medically necessary.

Associated surgical service: Motorized Compression Pump: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Section: Knee, Topic: cold compression

Decision rationale: California MTUS guidelines do not address this issue. Official Disability Guidelines indicate Continuous-flow cryotherapy is recommended as an option after arthroscopic surgery for 7 days. However, there are no published high-quality studies on vasocompression

after arthroscopy of the knee. Official Disability Guidelines recommend identifying subjects who are at high risk of developing venous thrombosis and providing prophylactic measures such as consideration for anticoagulation therapy. The documentation does not indicate a high risk of deep vein thrombosis. The request as stated does not specify if it is for a rental or purchase. The duration of the rental is also not specified. The request as stated for a motorized compression pump is not supported by guidelines and as such is not medically necessary.

Associated Surgical Service: Acupuncture, Twice Weekly for Six Weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Acupuncture medical treatment guidelines indicate acupuncture as an option when pain medication is reduced or not tolerated, it may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. The frequency and duration of acupuncture or acupuncture with electrical stimulation is an initial course of 3-6 treatments. If there is objective functional improvement a subsequent course of treatment may be prescribed. The request as stated is for 12 treatments. This exceeds the guidelines and as such, the request as stated is not medically necessary.

Associated Surgical Service: Transportation to and from Surgery Center: Upheld

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

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: National guideline clearing house

Decision rationale: California MTUS and Official Disability Guidelines do not address this issue. According to guidelines, transportation to and from the surgery center is not a medical issue and as such the medical necessity of this service is not established. Therefore, this request is not medically necessary.

Associated Surgical Service: Keflex 500 mg. four times daily #20: Upheld

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

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: American Academy of Orthopedic Surgeons: Prophylactic Antibiotics

Decision rationale: California MTUS and Official Disability Guidelines are silent on this issue. Alternate guidelines were used. AAOS recommends prophylactic antibiotics given intravenously within 1 hour prior to the skin incision. A first or second generation cephalosporin is preferred. Currently Cefazolin or Cefuroxime are the preferred antibiotics for patients undergoing orthopedic procedures. Clindamycin or Vancomycin may be used for patients with confirmed beta-lactam allergy. Vancomycin may be used in patients with known colonization with methicillin-resistant Staphylococcus aureus or in facilities with recent MRSA outbreaks. The guidelines do not recommend use of prophylactic antibiotics after surgery as an outpatient. Therefore, the request for Keflex 500 mg 4 times daily #20 is not supported and as such is not medically necessary.

Associated Surgical Service: Norco 5/325 mg. every 4-6 hours for "breakthrough pain":
Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 83.

Decision rationale: Chronic pain guidelines recommend opioids on a trial basis for short-term use after there has been evidence of failure of first-line nonpharmacologic and medication options such as acetaminophen or NSAIDs, and when there is evidence of moderate to severe pain. The documentation indicates a request for Tramadol for postoperative pain has been certified. Therefore, the additional request for Norco as stated is not medically necessary.

Associated surgical service: Pre-Operative Clearance Testing: CBC, chem 12, chest x-ray, EKG, PFT, PT/PTT, AIC, and UA: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Section: Low back, Topic: Preoperative testing, general

Decision rationale: California MTUS guidelines do not address this issue. Official Disability Guidelines indicate ambulatory arthroscopic surgery is a low risk procedure. Preoperative testing should be guided by the patient's clinical history, comorbidities, and physical examination findings. The documentation submitted does not indicate any comorbidities that would necessitate preoperative testing and clearance. A history and physical examination performed by the attending physician is included with the surgery. This will determine comorbidities and need for any additional testing or consultation. As such, the medical necessity of the request for preoperative testing without specific rationale indicating the need, is not established.