MAXIMUS Federal Services

Case Number:	CM14-0202781		
Date Assigned:	12/15/2014	Date of Injury:	12/13/2009
Decision Date:	01/30/2015	UR Denial Date:	11/05/2014
Priority:	Standard	Application Received:	12/04/2014

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:

This 45 year old woman sustained an industrial injury on 12/13/2009. The mechanism of injury is not described. Evaluations include MRI of the right knee on 3/23/2010 showing maceration of lateral meniscus, large subchondral cyst formation within the tibial plateau, oblique tear of the posterior horn of the medial meniscus tot eh inferior articular surface, and a small joint effusion; MRI of the left knee on 6/30/2014 showed a peripheral tear of the medial meniscus, subtle focal subchondral cystic change with subajacent cartilage irregularity; MR arthrography of the right knee on 8/6/2014 showed osteophytic spurring arising from the medial, lateral, and patellofemoral compartments, osteophytic spurring of the tibial spine, slightly lobulated T2 hyperintense lesion within the lateral aspect of the proximal tibia, poor delineation of the lateral meniscus, an oblique tear in the lateral meniscus, and mild chondromalacia patella; EMG/NCS date unknown showing lumbosacral radiculopathy, plexopathy, or peripheral nerve entrapments. Treatment has included acupuncture, and oral medications. No other treatments are documented. Physician notes dated 10/20/2014 show complaints of constant pain and discomfort tot eh bilateral knees with difficulty with prolonged standing, sitting, walking, and stair climbing with her pain rated 8/10. The worker is currently taking only Motrin and Prilosec. The worker is noted to be identified as temporarily totally disabled. On 11/4/2014, Utilization Review evaluated prescriptions for bilateral knee arthroscopies, partial medial meniscectomy tricompartmental chondroplasty, and associates surgical services including pre-operative clearance, 12 sessions of post-operative physical therapy to bilateral knees, and post-operative surgistim multi-modality stimulator for 14 day rental. The UR physician noted a lack of documentation of comprehensive, non-operative treatment trial and failure. The requests were denied and subsequently appealed to Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral knees operative arthroscopy partial medial meniscectomy tricompartmental 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 (ODG)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

Decision rationale: According to guidelines, this patient does not meet criteria for bilateral knee surgery. Specifically the medical records do not document adequate trial and failure of conservative measures. There is no recently documented trial and failure physical therapy. More conservative measures and necessary for the treatments patient's chronic bilateral knee pain. Surgery is not medically necessary at this time.

Associated surgical service: pre-operative 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.

Associated surgical service: post-operative physical therapy 3 times 4 to bilateral knees: 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: post-operative surgi stim multi-modality stimulator for 14 day 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.