

<b>Case Number:</b>	CM15-0102114		
<b>Date Assigned:</b>	06/04/2015	<b>Date of Injury:</b>	08/15/2007
<b>Decision Date:</b>	08/24/2015	<b>UR Denial Date:</b>	05/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/27/2015

### 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: California  
 Certification(s)/Specialty: Orthopedic 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:

The injured worker is a 58 year old female patient who sustained an industrial injury on 08/15/2007. The work injury was described as over the course of employment she suffered cumulative trauma to her back from 10/2007 to 10/2009 due to continuous repetitive activity from a tight work space. The work environment caused her to deteriorate physically over time, eventually leading to necks, hands and shoulders with issue. The patient did undergo left shoulder surgery on 02/14/2009 along with a post-operative course of physical therapy. There is note of the patient then being run over by a car as she was leaving therapy appointment. A magnetic resonance imaging study done on 07/21/2012 showed disc desiccation at L4-5 and L5-S1 levels; hemangioma is noted at T12; Tarlov cysts noted at S2 and S3; Modic type II and plate changes noted at L5-S1. A primary treating office visit dated 03/19/2015 reported the patient with current complaint of having constant low back pain rated a 7 in intensity out of 10. Objective findings showed the neck continues with bilateral tenderness and motion is decreased. The right shoulder has tenderness in the subacromial area. There is some limited range of motion of the right shoulder; abduction to 120 degrees. A straight leg raise test is found positive on the left with radiation into the thigh. The impression found the patient with cervical strain; degenerative disc disease at L5-S1. There is decreased range of motion of the back and radicular symptoms to bilateral lower extremity. She will remain on temporary total disability status until follow up. She has undergone extensive conservative treatment and shown no improvement. The recommendation at this time is to undergo a decompression and fusion at L5-S1. A magnetic resonance imaging study done on 07/19/2012 showed no acute process. MRI left knee

from 1/20/15 demonstrates a tear of the posterior horn of the lateral meniscus. By a follow up visit on 01/22/2015 she had subjective complaint of having constant lower back pain that radiates to the right leg, knee and sometimes the foot. She states that rest does temporarily relieve the pain. Exam note 4/13/15 demonstrates persistent left knee pain worse with walking and prolonged sitting. Exam demonstrates medial joint line tenderness, positive McMurray and mild crepitation with range of motion. Current medications are: Hydrocodone 7.25mg twice daily, Tylenol 325mg twice daily and Ambien for sleeping. The impression noted the patient with cervical strain; degenerative disc disease, cervical/lumbar spine, and lumbosacral sprain.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Left knee arthroscopy with medial and lateral meniscectomy, abrasion chondroplasty, synovectomy, and intra-articular injection of local anesthetic: 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): 344-345. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg, Meniscectomy.

**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). According to ODG Knee and Leg section, Meniscectomy section, states indications for arthroscopy and meniscectomy include attempt at physical therapy and subjective clinical findings, which correlate with objective examination and MRI. In this case the exam notes from 4/13/15 do not demonstrate evidence of adequate course of physical therapy or other conservative measures. In addition there is lack of evidence in the cited records of meniscal symptoms such as locking, popping, giving way or recurrent effusion. Therefore the determination is not medically necessary.

**First assistant for surgery: 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.

**Preoperative medical 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.

**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.

**Ice machine rental for 2 weeks:** 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 physical therapy, quantity: 8 sessions:** 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.