



Case Number:	CM15-0102725		
Date Assigned:	06/05/2015	Date of Injury:	01/06/2015
Decision Date:	08/28/2015	UR Denial Date:	05/19/2015
Priority:	Standard	Application Received:	05/28/2015

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 46 year old female who sustained a work related injury January 6, 2015. While taking out the trash, she had a slip and fall to both knees with injury to the right knee. She was treated in the emergency department for an abrasion of the right knee, knee immobilizer applied, prescription for medication, and crutches. Past history noted in the emergency room record included bilateral hip replacement. According to the treating physician's progress report, dated May 4, 2015, the injured worker presented for follow-up and said she had a fever and increased pain levels after a corticosteroid injection two weeks ago. She has undergone 2 physical therapy sessions without improvement to the right knee. Physical examination revealed; 5'4" 200 pounds, right knee range of motion, extension 0 degrees and flexion 130 degrees, moderately tender to palpation over the medial and lateral tibiofemoral joint space, anterior and posterior Drawer tests were negative and there was no increased laxity noted as the Valgus and Varus stress was applied. The McMurray's test was significantly painful and Patellar Grind test was negative. An MRI of the right knee dated, March 2, 2015 report is present in the medical record. Diagnoses are documented as size of the anterior horn of the lateral meniscus compared to the posterior horn, may be congenital; fraying of the lateral femoral condyle cartilage medially; chondral injury medial aspect of the internal femoral condyle. Treatment plan included a request for authorization for; right knee manipulation under anesthesia, arthroscopy, meniscectomy, chondroplasty, synovectomy, medical clearance with internist, lab work, chest X-ray, DVT(deep vein thrombosis) compression pump, electrocardiogram (EKG), Micro cool purchase, pulmonary function test, purchase of a home exercise kit, purchase of an interferential unit(IF), Keflex, Norco, Ultram, post-operative acupuncture, post-operative knee brace, and post-operative physiotherapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right knee manipulation under anesthesia: 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), Knee & Leg, Manipulation under anesthesia.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG), Knee and Leg, Manipulation under anesthesia.

Decision rationale: CA MTUS/ACOEM Guidelines are silent on the issue of manipulation under anesthesia. Per the ODG Knee and Leg, Manipulation under anesthesia is recommended as an option for treatment of arthrofibrosis (an inflammatory condition that causes decreased motion) and or after total knee arthroplasty. MUA of the knee should be attempted only after a trial (six weeks or more) of conservative treatment (exercise, physical therapy and joint injections) have failed to restore range of motion and relieve pain, and a single treatment session would then be recommended, not serial treatment sessions of the same bone or joint subsequently over a period of time. Following total knee arthroplasty, some patients who fail to achieve greater than 90 degrees of flexion in the early perioperative period, or after six weeks, may be considered candidates for manipulation of the knee under anesthesia. In this case there is insufficient evidence of failure of conservative management in the notes submitted from 5/4/15. In addition the claimant has greater than 90 degrees of flexion. Until a conservative course of management has been properly documented, the determination is the request is not medically necessary.

Arthroscopy with arthroscopic surgery to include meniscectomy, chondroplasty, synovectomy and possible lateral release patella and possible removal of loose bodies: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 344-345.

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 or symptoms other than simply pain (locking, popping, giving way, recurrent effusion). In this case, there is lack of evidence to support knee arthroscopy as the MRI from 3/2/15 does not demonstrate evidence of a meniscus tear. Therefore, determination is the request is not medically necessary.

Medial clearance consultation with an internist: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.guideline.gov/content.aspx?id=48408; Perioperative protocol. Health care protocol. Perioperative protocol. Health care protocol. Bloomington (MN): Institute for Clinical Systems Improvement (ICSI); 2014 Mr. 124p [124 references].

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG), Low Back, Preoperative testing.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Associated Surgical Service: CBC: 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), Low Back, Preoperative lab testing.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG), Low Back, Preoperative testing.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Associated Surgical Service: PT/PTT: 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), Low Back, Preoperative lab testing.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG), Low Back, Preoperative testing.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Associated Surgical Service: Chem 12 (CMP): 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), Low Back, Preoperative lab testing.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG), Low Back, Preoperative testing.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Associated Surgical Service: Urinalysis: 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), Low Back, Preoperative lab testing.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG), Low Back, Preoperative testing.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Associated Surgical Service: Chest X-ray: 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), Low Back, Preoperative testing, General.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG), Low Back, Preoperative testing.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Associated Surgical Service: EKG: 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), Low Back, Preoperative testing.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG), Low Back, Preoperative testing.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Associated Surgical Service: Pulmonary function test: 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), Low Back, Pulmonary, Pulmonary function testing.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG), Low Back, Preoperative testing.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Post-operative acupuncture for the right knee, twice a week for six weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Post-operative physiotherapy for the right knee, three times a week for four weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): s 24-25.

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

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 base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG), Knee and leg, DME.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Associated Surgical Service: DVT compression pump and stocking, two to four week rental: 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), Knee & Leg, Venous thrombosis.

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

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Associated Surgical Service: Purchase of an IF unit: 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), Knee & Leg, Interferential current therapy (IFC).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential current stimulation Page(s): s 118-119.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.