

Case Number:	CM15-0016101		
Date Assigned:	02/04/2015	Date of Injury:	12/13/2011
Decision Date:	05/01/2015	UR Denial Date:	12/23/2014
Priority:	Standard	Application Received:	01/28/2015

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, Sports Medicine

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 who reported an injury on 12/13/2011. The mechanism of injury was unspecified. Her diagnoses include status post knee surgery, patellofemoral degenerative joint disease, and compression contusion to the bilateral knees. Her past treatments include surgery, physical therapy, medications, bracing, rest, and injections. On 01/05/2015, the injured worker presented for a follow-up examination of her bilateral knees. The injured worker also indicated that she has continuous pain and popping in the knee. The physical examination revealed tenderness and limited range of motion. It was noted the injured worker was certified to proceed with screw removal of the left knee and x-rays were taken of the bilateral knees and tibia showing no increase of osteoarthritis. The treatment plan included a urine drug screen, surgical coordination to proceed with surgical intervention of the left knee and medications refills. A request was received for Left tibia excision of osteophyte inferior pole of patella and partial synovectomy, Associated Surgical Service Assistant surgeon, Associated Surgical Service 12 sessions of Physical Therapy, Associated Surgical Service IF unit purchase, Associated Surgical Service Cold Therapy Unit Purchase. A rationale was not provided. A request for authorization form was submitted on 01/22/2015. A left knee MRI, performed on 12/14/2012 indicated moderate to severe degenerative changes in the patellofemoral articulation with loss of cartilage and subchondral marrow edema in the patella. No evidence of meniscal tear, ACL and PCL are intact, and suprapatellar joint effusion was noted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Associated Surgical Service: IF Unit (purchase): 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 (12-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.

Left Tibia Excision of Osteophyte Inferior Pole of Patella and Partial Synovectomy: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg Chapter, Hardware Implant Removal.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343-345. Decision based on Non-MTUS Citation Official Disability Guidelines.

Decision rationale: The request for Left tibia excision of osteophyte inferior pole of patella and partial synovectomy is not medically necessary. According to the California MTUS/ACOEM Guidelines, surgical consideration may be indicated for patients who have activity limitation for more than 1 month and have failed exercise programs to increase range of motion and strength of musculature around the knee. Furthermore, emergency consultation is reserved for patients who may require drainage of acute effusions or hematomas and early repair of ligament or meniscus tears are still a matter of study as patients have been indicated to have satisfactory results of physical rehabilitation avoid surgical risk. The injured worker was indicated to have chronic left knee pain. There was also noted residual clicking and popping. However, there was lack of supporting diagnostic studies to include an x-ray indicating osteophytes indicated for surgery. Furthermore, there was lack of clear clinical and imaging indicating evidence of a lesion to be shown for benefits in both the short and long term from surgical intervention. As such, the request is not supported by the evidence-based guidelines. Therefore, the request is not medically necessary.

Associated Surgical Service: IF Unit (purchase): 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: Assistant Surgeon: 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.