

Case Number:	CM15-0019223		
Date Assigned:	02/09/2015	Date of Injury:	10/27/2003
Decision Date:	05/01/2015	UR Denial Date:	01/14/2015
Priority:	Standard	Application Received:	02/02/2015

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 DWC Form RFA dated 01/09/2015, indicated the physician recommended a left knee arthroscopy with debridement. The injured worker is a 47-year-old male who reported an injury on 10/27/2003. The mechanism of injury was not provided. Relevant diagnoses included right knee arthritis, right knee ACL with graft, left knee arthritis, intra-articular loose body, left knee, and right medial/lateral meniscal tear. Past treatment included exercise, knee brace, medications, and anti-inflammatories. The injured worker had complaints of left knee pain, with daily popping and clicking. The injured worker reports that his left knee locks up. Upon examination of the left knee, there was no erythema, warmth, or tenderness. There was tenderness along the medial and lateral joint line, and the distal femoral condyles. The left knee shows lack of range of motion of 5 degrees of full extension, flexion to 115 degrees with anterior medial compartment pain. The McMurray's, bounce home, and Apley's are equivocal. Lachman's and pivot shift were negative. Quadriceps and hamstring strength were excellent. There was no effusion or soft tissue swelling. There was grinding and clicking noted with flexion and extension of the patella with pain on palpation. Medications included Prilosec, Lisinopril, Ibuprofen, and Norco. The physician recommended left knee arthroscopy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left knee arthroscopy with debridement: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343 and 344. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee and Leg (Acute & Chronic).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) knee, Arthroscopic surgery for osteoarthritis.

Decision rationale: The request for a left knee arthroscopy with debridement is not medically necessary. The patient was utilizing knee braces, medications, and anti-inflammatories, and had continued complaints of knee pain with grinding, clicking, and reports of the knee locking up, with physical examination findings of decreased range of motion, tenderness, and grindings and clicking. However, arthroscopic surgery for osteoarthritis is not recommended. Arthroscopic surgery provides no additional benefit compared to optimized physical therapy and medical therapy. Given the above, the request for left knee arthroscopy with debridement is not medically necessary.

Pre op antibiotics, Ancef 2gm, IV: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Clinical practice guidelines for antimicrobial prophylaxis in surgery.

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.

Pre op I.V. lactated ringer's at KVO: 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: General anesthesia: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Steps to reduce surgical risk.

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.

Unknown prescription of Norco: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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.