MAXIMUS Federal Services

Case Number:	CM15-0135063		
Date Assigned:	07/23/2015	Date of Injury:	11/19/2010
Decision Date:	08/21/2015	UR Denial Date:	06/29/2015
Priority:	Standard	Application Received:	07/13/2015

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, Indiana, Oregon
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 61 year old male, who sustained an industrial injury on 11/19/2010. He has reported injury to the right shoulder, right hip, and bilateral knees. The diagnoses have included bilateral knee pain; status post bilateral total knees; status post right knee manipulation under anesthesia, on 07/24/2014; status post right arthroscopic labral resection with femoral head chondroplasty and synovectomy, on 12/17/2014; right shoulder impingement; right shoulder tendinitis; right shoulder rotator cuff tear; left shoulder impingement; and left shoulder rotator cuff tear. Treatment to date has included medications, diagnostics, injections, physical therapy, and surgical intervention. Medications have included Percocet. A progress note from the treating physician, dated 06/18/2015, documented a follow-up visit with the injured worker. Currently, the injured worker complains of worsening right knee and right hip since his last visit; he has constant pain that increases with daily activities; he is not taking any pain medication; and he rated his pain at 7/10 on the pain scale. Objective findings included right knee with clicking, catching, and popping with range of motion; right knee with minimal tenderness along the medial or lateral joint line; moderate tenderness of the patellofemoral joint with palpable grating; tenderness along the lateral border of the patella; positive apprehension test; positive patellar grind with significant crepitus; left knee with minimal tenderness along the medial or lateral joint line; moderate tenderness of the patellofemoral joint with palpable grating; tenderness along the lateral border of the patella; there is an audible clunk with arising; positive apprehension test; and positive patellar grind with significant crepitus. The treatment plan has included the request for right knee arthroscopic debridement with lateral release; left knee arthroscopic debridement

with removal of scar tissue and capsular release; post op medication: Percocet 10/325mg #90; post op medication: Oxycontin 10mg #40; post op medication: Neurontin 300mg #60; post op medication: Robaxin 750mg #60; post op medication: Xeralto 10mg #21; post op medication: Ciprofloxacin 500mg #10; post op physical therapy 3 x 4; associated surgical service: labs: CBC (complete blood count); associated surgical service: labs: CMP (complete metabolic panel); associated surgical service: labs: PT (protime); associated surgical service: PTT (partial thromboplastin time); associated surgical service: UA (urinalysis); associated surgical service: EKG (electrocardiogram); associated surgical service: chest x-ray; associated surgical service: cold therapy unit (purchase); and associated surgical service: walker (purchase).

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Knee Arthroscopic Debridement with Lateral Release: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee & Leg (updated 5/5/15), Online Version.

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

Decision rationale: CA MTUS/ACOEM is silent on the issue of lateral release. ODG, Knee and Leg, Lateral retinacular release states criteria includes, criteria for lateral retinacular release or patella tendon realignment or maquet procedure: 1. Conservative Care: Physical therapy (not required for acute patellar dislocation with associated intra-articular fracture) or medications plus 2. Subjective Clinical Findings: Knee pain with sitting or Pain with patellar/femoral movement or recurrent dislocations plus 3. Objective Clinical Findings: Lateral tracking of the patella or Recurrent effusion or Patellar apprehension or Synovitis with or without crepitus or Increased Q angle >15 degrees plus 4. Imaging Clinical Findings: Abnormal patellar tilt on: x-ray, computed tomography (CT), or MRI. In this case the exam note from 6/18/15 does not demonstrate lateral patellar tracking. The x-rays show a total knee with no mention of patellar malalignment. Based on this the request is not medically necessary.

Left Knee Arthroscopic Debridement with Removal of Scar Tissue and Capsular Release: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee & Leg (updated 5/5/15), Online Version.

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

Decision rationale: CA MTUS/ACOEM is silent on arthroscopic debridement after total knee replacement. According to ODG, Knee and Leg Chapter, Arthroscopic Surgery for osteoarthritis,

not recommended. Arthroscopic lavage and debridement in patients with osteoarthritis of the knee is no better than placebo surgery, and arthroscopic surgery provides no additional benefit compared to optimized physical and medical therapy. As this surgery is requested to continue to treat arthritis pain after total knee arthroplasty, the request is not in keeping with guidelines and is not medically necessary.

Post op medication: Percocet 10/325mg #90: 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 Official Disability Guidelines (ODG) knee.

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

Post op medication: Oxycontin 10mg #40: 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 Official Disability Guidelines (ODG) knee.

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

Post op medication: Neurontin 300mg #60: 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 Official Disability Guidelines (ODG) knee.

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

Post op medication: Robaxin 750mg #60: 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 Official Disability Guidelines (ODG) knee.

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

Post op medication: Xeralto 10mg #21: 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 Official Disability Guidelines (ODG) knee.

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

Post op medication: Ciprofloxacin 500mg #10: 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 Official Disability Guidelines (ODG) knee.

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

Post op Physical Therapy 3 x 4: 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 Official Disability Guidelines (ODG) knee.

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

Associated surgical service: Labs: CBC: 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 Official Disability Guidelines (ODG) knee.

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

Associated surgical service: Labs: CMP: 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 Official Disability Guidelines (ODG) .

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

Associated surgical service: Labs: PT: 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 Official Disability Guidelines (ODG) knee.

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

Associated surgical service: Labs: PTT: 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 Official Disability Guidelines (ODG) knee.

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

Associated surgical service: Labs: UA: 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 Official Disability Guidelines (ODG) knee.

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 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 Official Disability Guidelines (ODG) knee.

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