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| Case Number: | CM15-0139163 | | |
| Date Assigned: | 07/29/2015 | Date of Injury: | 03/26/2014 |
| Decision Date: | 09/01/2015 | UR Denial Date: | 06/15/2015 |
| Priority: | Standard | Application Received: | 07/17/2015 |

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 52 year old female, who sustained an industrial injury on March 26, 2014. She reported pain in the bilateral knees and low back following a trip and fall at work. The injured worker was diagnosed as having status post unsuccessful arthroscopy on December 10, 2014, sprain/strain of the left knee with chondromalacia patella with degenerative changes in the menisci effecting both posterior horn of the medial and lateral menisci and anterior horn of the medial meniscus, possible tear in the anterior horn of the medial meniscus, mild degenerative arthritis of the left knee, chondromalacia patella of the right knee, increased intrameniscal signal extending toward the articular surface in the anterior horn of the left medial meniscus, consistent with anterior horn meniscus tear per MRI on June 9, 2014 and low back pain. Treatment to date has included diagnostic studies, radiographic imaging, and manual manipulation of the left knee joint under anesthesia, physical therapy, medications and work restrictions. Currently, the injured worker continued to report continued bilateral knee pan and low back pain. The injured worker reported an industrial injury in 2014, resulting in the above noted pain. She noted while working as a cashier she tripped over some cords and fell to her knees injuring the left knee. It was also noted she fell one month after the injury re-injuring both knees. It was noted she proceeded with arthroscopic surgery however it was noted the physician could not find the joint and proceeded with manual manipulation and no further surgical intervention. She was treated conservatively without complete resolution of the pain. Evaluation on May 11, 2015, revealed continued pain in the bilateral knees. She rated her pain at 2 on a 1-10 scale with 10 being the worst. She reported she continued to use ibuprofen and Tramadol for pain. Magnetic resonance imaging (MRI) of the left knee revealed no evidence of ligamentous injury or meniscal tear,

mild to moderate degenerative change at the medial compartment of the patellar femoral joint, a thin fissure at the articular cartilage of the lateral patellar facet and mild to moderate edematous change in the region of the pes anserine bursa suggesting bursitis. The physician recommended MRI of the right knee. Inspection of the knees revealed scars on the left knee from previous surgical interventions. Medications were continued. Associated Service: Assistant Surgeon, Left knee meniscectomy, debridement, Post-Op medication - Colace 100mg #10, Post-Op medication - Keflex 500mg #4, Post-Op medication - Norco 5/325mg #30, Post-Op medication - Vitamin C 500mg #60, Post-Op medication - Zofran 4mg #10 and Post-Op physical therapy 2 x 8 weeks, 16 visits were requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left knee meniscectomy, debridement: 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: 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); clear signs of a bucket handle tear on examination (tenderness over the suspected tear but not over the entire joint line, and perhaps lack of full passive flexion); and consistent findings on MRI. The ACOEM guidelines state that, Arthroscopy and meniscus surgery may not be equally beneficial for those patients who are exhibiting signs of degenerative changes. 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. In this case the MRI and the prior arthroscopy demonstrate osteoarthritis of the knee without clear evidence of current meniscus tear. As the patient has significant osteoarthritis the request is not medically necessary.

Post-Op physical therapy 2 x 8 weeks, 16 visits: 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 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.

Post-Op medication - Keflex 500mg #4: 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-Op medication - Zofran 4mg #10: 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-Op medication - Colace 100mg #10: 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-Op medication - Norco 5/325mg #30: 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-Op medication - Vitamin C 500mg #60: 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.