| Case Number: | CM15-0145823 | | |
|---|---|---|---|
| Date Assigned: | 07/31/2015 | Date of Injury: | 01/17/2006 |
| Decision Date: | 09/02/2015 | UR Denial Date: | 07/13/2015 |
| Priority: | Standard | Application Received: | 07/27/2015 |

## 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 68 year old female, who sustained an industrial injury on 1-17-06. The injured worker has complaints of bilateral knees, lower back and right shoulder pain. The diagnoses have included pain in joint, lower leg. Treatment to date has included magnetic resonance imaging (MRI) left knee on 10-16-13 showed findings consistent with prior anterior cruciate ligament reconstruction and full-thickness re-tear, medial meniscal posterior horn complex tear; electrodiagnostic testing showed findings consistent with a C6-7 radiculopathy; five left knee surgery; lumbar fusion; physical therapy; cortisone injections; lubrications injections; ambien for sleep; naproxen;  The documentation noted that the injured worker using ambien has allowed her to not take any narcotics as the ambien is enough to manage her symptoms at night.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Revision ACL with probable graft and cartilage meniscal surgery, left knee:** Upheld

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

**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, Chapter 13, Knee Complaints, pages 344 states that ACL reconstruction is "warranted only for patients who have significant symptoms of instability caused by ACL incompetence." In addition physical exam should demonstrate elements of instability with MRI demonstrating complete tear of the ACL. CA MTUS/ACOEM is silent on the issue of osteochondral transplant. Per the ODG, Knee and Leg section, osteochondral autograft transplant system (OATS), recommendation includes failue of conservative care or physical therapy plus joint pain and swelling and failure of previous subchondral drilling or micofracture. Other objective findings include a large full thickness chondral defect measuring less than 3 cm in diameter and 1 cmm in bone depth on the weight bearing portion of the medial and lateral femoral condyle. In addtion the knee must be stable with functional menisci and ligaments. The body mass index should be less than 35, age less than 40 and and there should be chondral defect on weight bearing portion of the medial or lateral femoral condyle on MRI or arthroscopy In this case the exam notes do not demonstrate evidence of instability and the complaints are of pain. There is imaging evidence of advanced osteoarthritis. The request for ACL reconstruction and cartilage meniscal procedure is not medically necessary.

**Pre-op Clearance History & Physical QTY 1:** 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: Labs (Unspecified) QTY 1:** 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: EKG QTY 1:** 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: Articulated Sleeve QTY3:** 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: Articular Sleeve QTY 3:** 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 Physical Therapy 3 x per week, left knee QTY 24:** 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: Brace Immobilizer left knee QTY 1:** 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: Crutches QTY 2:** 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: Continuous Passive Motion (CPM) 21 day rental QTY 1:** 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: Game Ready Cryo Unit 14 day rental QTY 1:** 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: Home Health Care 4hrs day for 1 week QTY 28:** 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 Physical Therapy 2-3 weeks, left knee QTY 18:** 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.

**Keflex 500mg #28:** 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), Infectious Disease (updated 6/8/15), Online Version, Cephalaxin (Keflex).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Stulberg DL, Penrod MA, Blatny RA. Common bacterial skin infections. Am FamPhysician. 2002 Jul 1;66(1):119-24.

**Decision rationale:** CA MTUS/ACOEM and ODG are silent on the issue of Keflex. And alternative guideline was utilized. According to the American Family Physician Journal, 2002 July 1; 66 (1): 119-125, titled "Common Bacterial Skin Infections", Keflex is often the drug of choice for skin wounds and skin infections. It was found from a review of the medical record submitted of no evidence of a wound infection to warrant antibiotic prophylaxis. The request for Keflex is therefore not medically necessary and appropriate.

**Phenergan 25mg #30:** 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),, Pain (updated 6/15/15), Online Version, Antiemetics (for opioid nausea).

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

**Decision rationale:** CA MTUS/ACOEM is silent on the issue of promethazine (Phenergan). According to the ODG Chronic Pain Chapter, Anti-emetics is used to counteract opioid induced nausea for a period of less than 4 weeks. In this case there is insufficient evidence from the records of opioid induced nausea to warrant the use of Phenergan. Therefore the request is not medically necessary.