

Case Number:	CM15-0149578		
Date Assigned:	08/12/2015	Date of Injury:	12/09/2013
Decision Date:	09/14/2015	UR Denial Date:	07/28/2015
Priority:	Standard	Application Received:	07/31/2015

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 59-year-old female, who sustained an industrial injury on 12-09-2013, secondary to becoming lodged between tubs and a machine, after a coworker drove a pallet jack into the pile of tubs, resulting in neck, right arm, hand, right hip, right knee, low back and stomach injury. On provider visit dated 07-17-2015 the injured worker has reported cervical and lumbar spine pain, and right knee pain. On examination of the cervical spine, revealed tenderness to right paraspinals, and range of motion was decreased. Thoracolumbar spine revealed tenderness to bilateral paraspinal musculature and range of motion was decreased as well. Gait was noted a having significant limp. Bilateral knees were noted as having a decreased range of motion and right knee was noted to have positive patellar tenderness and a positive McMurray's sign. The diagnoses have included lateral tracking meniscus right knee, discoid meniscus with tear right knee, cervical sprain, complaints of right hand and numbness, discoid lateral meniscus right knee, L5-S1 moderate disc herniation, lumbosacral sprain with radicular symptom, medial collateral ligament sprain-right knee, and right knee sprain. Treatment to date has included acupuncture and medication. The provider requested right knee arthroscopic meniscectomy with an arthroscopic lateral retinacular release, Ultracet, Prilosec and 6 session of acupuncture for the cervical and lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Knee Arthroscopic Meniscectomy with an Arthroscopic Lateral Retinacular Release:
Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343-345. Decision based on Non-MTUS Citation ODG.

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 PLUS2. Subjective Clinical Findings: Knee pain with sitting. Or Pain with patellar/femoral movement. Or Recurrent dislocations PLUS3. 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 PLUS4. Imaging Clinical Findings: Abnormal patellar tilt on: x-ray, computed tomography (CT), or MRI. In this case, the examination and imaging do not demonstrate patellar maltracking to warrant lateral release. Therefore, the request is not medically necessary.

60 tablets of Ultracet with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 87.

Decision rationale: CA MTUS Chronic pain guidelines, opioids page 87 states that the ongoing use of opioids for pain can be used with ongoing evidence of pain relief and functional benefit demonstrated by increasing work abilities or decreasing need for pain medications. The progress notes do not clearly document the improvement in pain symptoms due to the medication or functional benefit as defined by the criteria. Based on the above the request is not medically necessary.

30 tablets of Prilosec with 2 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Prilosec Page(s): 68.

Decision rationale: Per the CA MTUS Chronic Pain Medical Treatment Guidelines, page 68, recommendation for Prilosec is for patients with risk factors for gastrointestinal events. The submitted records do not demonstrate that the patient is at risk for gastrointestinal events. Therefore, determination is not medically necessary for the requested Prilosec.

6 Acupuncture sessions for the cervical and lumbar spine: Overturned

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Per the MTUS Acupuncture Medical Treatment Guidelines, pages 8 & 9. Frequency and duration of acupuncture or acupuncture with electrical stimulation may be performed as follows: (1) Time to produce functional improvement: 3 to 6 treatments. (2) Frequency: 1 to 3 times per week. (3) Optimum duration: 1 to 2 months. (d) Acupuncture treatments may be extended if functional improvement is documented as defined in Section 9792.20(ef). The guidelines specifically report 3-6 treatments initially. In this case, a trial of acupuncture is in keeping with guidelines and is medically necessary.