

Case Number:	CM15-0182893		
Date Assigned:	09/30/2015	Date of Injury:	06/24/2014
Decision Date:	12/30/2015	UR Denial Date:	08/18/2015
Priority:	Standard	Application Received:	09/17/2015

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 44-year-old male, who sustained an industrial-work injury on 6-24-14. He reported initial complaints of right knee pain. The injured worker was diagnosed as having residual synovitis of the right knee, grade III tears of the posterior horn of the medial meniscus and the lateral meniscus of the right knee. Treatment to date has included medication, surgery (prior right knee arthroscopy with medial meniscectomy, lateral meniscectomy, synovectomy, and chondroplasty of the patella). MRI results were reported on 7-17-15 of the right knee demonstrates grade III tears involving the anterior and posterior horns of the lateral meniscus and posterior horn of the medial meniscus, minimal multi-compartmental change. Currently, the injured worker complains of right knee pain. Per the primary physician's progress report (PR-2) on 8-11-15, exam notes walk with a limp, slight swelling of the knee, posteromedial and posterolateral joint tenderness, crepitus, McMurray's test is positive at the medial and lateral joint spaces, 1+ effusion, quadriceps strength is 4 out of 5, and neurologically normal. Current plan of care includes surgery. The Request for Authorization requested service to include Right knee arthroscopy with medial and lateral meniscectomy, synovectomy, and chondroplasty, Pre-operative Complete blood count (CBC), Basic metabolic panel (BMP), electrocardiogram (EKG), physical therapy (PT) 3 times a week for 4 weeks, and Vicodin 5/300mg #90. The Utilization Review on 8-18-15 denied the request for Right knee arthroscopy with medial and lateral meniscectomy, synovectomy, and chondroplasty, Pre-operative Complete blood count (CBC), Basic metabolic panel (BMP), electrocardiogram (EKG), physical therapy (PT) 3 times a week for 4 weeks, and Vicodin 5/300mg #90., per CA MTUS (California Medical Treatment

Utilization Schedule) Guidelines, Knee Complaints 2004 and Official Disability Guidelines (ODG) Treatment in Workers' Comp 20th edition, 2015 Updates: low back chapter.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right knee arthroscopy with medial and lateral meniscectomy, synovectomy, and chondroplasty: Upheld

Claims Administrator guideline: Decision based on MTUS Knee Complaints 2004.

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

Decision rationale: The CA MTUS/ACOEM is silent on the issue of chondroplasty. According to the ODG, criteria include ALL of the following; conservative care, subjective clinical findings of joint pain and swelling plus objective clinical findings of effusion or crepitus plus limited range of motion plus chondral defect on MRI. In this case, the MRI does not demonstrate a clear chondral defect on MRI nor does the exam note demonstrate objective findings consistent with a symptomatic chondral lesion. Therefore, the request is not medically necessary.

Pre-operative Complete blood count (CBC): 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: As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.

Pre-operative Basic metabolic panel (BMP): 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: As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.

Pre-operative electrocardiogram (EKG): 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: As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.

Post-operative physical therapy (PT) 3 times a week for 4 weeks: 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: As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.

Vicodin 5/300mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain.

Decision rationale: According to the CA MTUS/Chronic Pain Medical Treatment Guidelines, page 80, opioids should be continued if the patient has returned to work and the patient has improved functioning and pain. Based upon the records reviewed there is insufficient evidence to support chronic use of narcotics. In this case, there is lack of demonstrated functional improvement, percentage of relief, demonstration of urine toxicology compliance or increase in activity due to medications. Therefore, the request is not medically necessary.