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| Case Number: | CM15-0186259 | | |
| Date Assigned: | 09/28/2015 | Date of Injury: | 05/21/2012 |
| Decision Date: | 12/02/2015 | UR Denial Date: | 08/20/2015 |
| Priority: | Standard | Application Received: | 09/22/2015 |

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: Illinois, California, Texas
 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:

This injured worker is a 62-year-old female who sustained an industrial injury on 5/21/12. Injury occurred when she was replacing an air filter in the kitchen and stepped down from a metal table to a short ladder with her left leg. The ladder slipped and she lost her balance, falling forward onto both hands and her left knee. She sustained a displaced left patella fracture and underwent open reduction and internal fixation on 5/24/12 and participated in post-op physical therapy. She underwent a left carpal tunnel release on 6/5/14. The 4/27/15 initial orthopedic evaluation cited continued left knee pain and stiffness with giving way. Left knee exam documented well-healed arthroscopic portals, medial and lateral joint line tenderness, range of motion 0-105 degrees, equivocal McMurray's, negative Apley's, pain with varus and valgus stressing but no gross instability, and negative anterior/posterior drawer testing. Lower extremity strength was 5/5, sensation was decreased in both lower extremities, and deep tendon reflexes were symmetric and 2+. The diagnosis included status post left knee arthroscopy with residual symptoms. Review of prior medical records was requested prior to development of a treatment plan. The 6/23/15 left knee x-ray report documented a radiologically negative exam of the left knee. The 7/20/15 treating physician report cited constant pain to both wrists with cramping and weakness, lower back pain radiating to the bilateral calves with cramping, and left knee pain with giving way. Physical exam documented generic and non-specific tenderness, decreased range of motion, decreased strength, and sensory deficit. The treatment plan recommended left knee surgery for removal of retained pins and wires. Authorization was requested for left knee surgery to remove retained pins and wires with associated surgical requests for motorized cold unit, A-Stim unit,

post-op knee brace, leg crutches, and 24 sessions of post-op physical therapy. The 8/20/15 utilization review non-certified the left knee surgery to remove retained pins and wires and associated requests as there were no radiographic or clinical findings that suggest the necessity for removal of hardware and no evidence of recent conservative treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Associated surgical service: Motorized cold unit for left knee: 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 surgical service: Mobility leg crutches: 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 surgical service: A-Stim left knee: 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 Knee brace, Left knee: 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 x 24 sessions, Left knee: 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.

Left knee Surgery, Removal of Retained Pins and Wires: Upheld

Claims Administrator guideline: Decision based on MTUS Knee Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee and Leg (Acute & Chronic) - Hardware implant removal (fracture fixation).

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: Hardware implant removal (fixation).

Decision rationale: The California MTUS guidelines do not provide recommendations for hardware removal following knee surgery. The Official Disability Guidelines state that the routine removal of hardware implanted for fixation is not recommended, except in the case of broken hardware or persistent pain, after ruling out other causes of pain such as infection and nonunion. Guideline criteria have not been met. This injured worker presents with persistent left knee pain with giving way status post left patella fracture open reduction and internal fixation in 2012. There is no clinical exam evidence of focal tenderness or radiographic evidence suggestive of hardware failure. Detailed evidence of a recent, reasonable and/or comprehensive non-operative treatment protocol trial and failure has not been submitted. Therefore, this request is not medically necessary at this time.