

Case Number:	CM15-0188595		
Date Assigned:	10/02/2015	Date of Injury:	05/22/2015
Decision Date:	12/14/2015	UR Denial Date:	09/01/2015
Priority:	Standard	Application Received:	09/24/2015

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 56-year-old male, who sustained an industrial injury on 5-22-2015. Several documents included in the submitted medical records are difficult to decipher. The injured worker was being treated for left knee chondromalacia and loose body. The medical records (7-7-2015 to 8-12-2015) indicate ongoing posterior, lateral, and anterior left knee pain. There was pain and giving way with all weight bearing activities, rising from a seated position, and lowering himself to a seated position. The physical exam (7-7-2015) revealed a mild limp and pain with squatting and kneeling, lateral joint line tenderness to palpation, normal tracking of the patella, and minimal effusion. There was no crepitus with range of motion, no laxity with varus and valgus stress testing, and left knee flexion of 180 degrees and left knee extension of 140 degrees. The physical exam (8-12-2015) revealed a mild limp and pain with squatting and kneeling, lateral joint line tenderness to palpation, normal tracking of the patella, and minimal effusion. There was positive crepitus, lateral joint line tenderness, and range of motion of 0-135 degrees. On 7-28-2015, an MRI of the left knee revealed grade 3-4 inferior trochlear groove chondromalacia, grade 2-3 medial patella facet and median ridge chondromalacia, and mild edema in the superolateral Hoffa's pad, which is seen in patella maltracking and associated with anterior knee pain. There was mild joint effusion and synovitis. Treatment has included physical therapy, work restrictions, off work, ice, a home exercise program, and non-steroidal anti-inflammatory medication. Per the treating physician (9-9-2015 report), the employee has not returned to work. On 8-14-2015, the requested treatments included a left knee scope chondroplasty with loose body removal, a surgical assistant, Norco 10/325mg #40, Colace 10mg

#30, 12 Sessions of post-op physical therapy for left knee, and Pre-operative clearance exam, complete blood count (CBC), electrocardiogram (EKG), chemistry 8 (Chem 8). On 9-1-2015, the original utilization review non-certified a request for a left knee scope chondroplasty with loose body removal, a surgical assistant, Norco 10/325mg #40, Colace 10mg #30, 12 Sessions of post-op physical therapy for left knee, and Pre-operative clearance exam, complete blood count (CBC), electrocardiogram (EKG), chemistry 8 (Chem 8).

IMR ISSUES, DECISIONS AND RATIONALES

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

Left knee scope chondroplasty with loose body removal: 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), Knee and Leg Chapter, Chondroplasty.

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 Chapter, Chondroplasty.

Decision rationale: The CA MTUS/ACOEM is silent on the issue of chondroplasty. According to the Official Disability Guidelines regarding chondroplasty, 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, focal 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.

Associated surgical service: Surgical assistant: 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.

Pre-operative clearance exam: 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.

Pre-operative 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: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Pre-operative 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: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Pre-operative Chem 8: 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.

12 Sessions of post-op physical therapy over 6 weeks 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.

Colace 10mg #30; 1 tablet twice day as needed: Upheld

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

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

Decision rationale: The CA MTUS/ACOEM is silent on the issue of stool softeners. According to the Official Disability Guidelines, regarding opioid induced constipation treatment, if prescribing opioids has been determined to be appropriate, then prophylactic treatment of constipation should be initiated. In this case, the constipating medications are not medically necessary, so the stool softener is not medically necessary.

Norco 10/325mg #40; 1-2 tablets every 4-6 hours as needed: 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.