

Case Number:	CM15-0197569		
Date Assigned:	10/14/2015	Date of Injury:	03/08/2000
Decision Date:	12/30/2015	UR Denial Date:	09/17/2015
Priority:	Standard	Application Received:	10/07/2015

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 50-year-old female, who sustained an industrial injury on 3-8-2000. A review of the medical records indicates that the injured worker is undergoing treatment for lumbar radiculopathy and left knee internal derangement. On 8-12-2015, the injured worker reported persistent low back pain radiating into the right leg as well as left knee pain. The Primary Treating Physician's report dated 8-12-2015, noted the physical examination showed tenderness to palpation over the lumbar paraspinal musculature with normal lumbar lordosis, sensation diminished over the right L4 dermatome and tenderness to palpation over the medial and lateral joint lines of the bilateral knees and left knee positive Apley's sign. The Physician noted a MRI report confirmed a L4-L5 disc herniation causing stenosis, and since the injured worker "had these complaints for years despite anti-inflammatories, physical therapy, and injections, she is a candidate for an L4 to L5 decompression and possible fusion for the anticipated iatrogenic instability from the decompression required". A left knee MRI dated 6-8-2015, was noted to show narrowing at the medial, lateral, and patellofemoral knee compartments with osteophytes seen of the distal lateral femoral condyle and lateral tibial plateau consistent with osteoarthritic changes. The treatment plan was noted to include a request for a left knee arthroscopy since the injured worker had "failed conservative treatments with anti-inflammatories and physical therapy and has MRI findings that are concordant with her provocative physical examination findings". The request for authorization dated 9-9-2015, requested one (1) left knee arthroscopy with partial meniscectomy, submitted diagnosis left knee internal derangement, as an outpatient, 16 post-operative physical therapy for the left knee, 2

times a week for 8 weeks, as an outpatient, pre-operative clearance, a history and physical (H&P), EKG, chest x-ray, chemistry panel, CBC, PTT, INR, and UA. The Utilization Review (UR) dated 9-17-2015, non-certified the requests for one (1) left knee arthroscopy with partial meniscectomy, submitted diagnosis left knee internal derangement, as an outpatient, 16 post-operative physical therapy for the left knee, 2 times a week for 8 weeks, as an outpatient, pre-operative clearance, a history and physical (H&P), EKG, chest x-ray, chemistry panel, CBC, PTT, INR, and UA.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Left knee arthroscopy with partial meniscectomy, submitted diagnosis left knee internal derangement, as an outpatient: Upheld

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

MAXIMUS guideline: Decision based on MTUS Knee Complaints 2004, Section(s): Surgical Considerations. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee.

Decision rationale: The CA MTUS/ACOEM Chapter 13 Knee Complaints, pages 344-345, states that arthroscopic partial meniscectomy usually has a high success rate for cases in which there is clear evidence of a meniscus tear symptoms other than simply pain (locking, popping, giving way, recurrent effusion); clear signs of a bucket handle tear on examination (tenderness over the suspected tear but not over the entire joint line, and perhaps lack of full passive flexion); and consistent findings on MRI. The ACOEM guidelines state that, arthroscopy and meniscus surgery may not be equally beneficial for those patients who are exhibiting signs of degenerative changes. According to ODG, Knee and Leg Chapter, Arthroscopic Surgery for osteoarthritis, is not recommended. Arthroscopic lavage and debridement in patients with osteoarthritis of the knee is no better than placebo surgery, and arthroscopic surgery provides no additional benefit compared to optimized physical and medical therapy. In this case, the MRI demonstrates changes consistent with osteoarthritis of the knee. As the patient has significant osteoarthritis, the request is not medically necessary.

16 Post-operative physical therapy for the left knee, 2 times a week for 8 weeks, as an outpatient: 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.

1 Pre-operative clearance: 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.

Associated surgical service: H&P (history and physical): 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.

Associated surgical service: 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.

Associated surgical service: Chest x-ray: 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.

Associated surgical service: Chemistry panel: 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.

Associated surgical service: 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.

Associated surgical service: PTT: 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.

Associated surgical service: INR: 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.

Associated surgical service: UA: 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.