

Case Number:	CM15-0030848		
Date Assigned:	02/24/2015	Date of Injury:	03/21/2003
Decision Date:	04/09/2015	UR Denial Date:	02/10/2015
Priority:	Standard	Application Received:	02/18/2015

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
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 50 year old female sustained a work related injury on 03/21/2003. According to a progress report dated 12/08/2014, present complaints included continued worsening pain to the right hip, severe low back pain, pain radiating to the lateral aspect of the right leg and lateral aspect of the left leg, back pain aggravated by standing, twisting and walking and radiating numbness to bilateral feet. Pain was so severe, she stayed sitting for prolonged periods of time. Diagnoses included left knee, chondral fracture, left knee meniscus tear and chondromalacia left knee. On 02/10/2015, Utilization Review non-certified left knee arthroscopy and debridement, 1 surgical assistant, 12 physical therapy visits for left knee and 1 right hip cortisone injection. According to the Utilization Review physician, considering the lack of functional limitations directly associated with the left knee, lack of subjective complaints and lack of guidelines support for surgical repair of the current clinical findings, the injured worker was not a candidate for repeat arthroscopy at this time. Official Disability Guidelines Knee and Lower Leg and CA MTUS ACOEM Practice Guidelines Chapter 13 pages 343-344 were referenced. The request for arthroscopy was non-certified and therefore a surgical assistant is not medically necessary. Guidelines referenced included Centers for Medicare and Medicaid Services, Physician Fee Schedule Search CPT Code 29877. In addition, guidelines state that an assistant is not typically necessary for this procedure. Since the arthroscopy was non-certified, postoperative physical therapy was not appropriate. In regard to right hip cortisone injection, in the most recent progress report dated 12/08/2015 and 01/23/2015, there was no subjective or objective evidence of right sided hip pathology. In addition radiographs of the right hip taken on 11/11/2014 were

unremarkable. Official Disability Guidelines, Hip and Pelvis (Acute and Chronic) was referenced. The decision was appealed for an Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left Knee Arthroscopy and Debridement: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343-344. Decision based on Non-MTUS Citation Official Disability Guidelines for Surgery - Chondroplasty; ODG-Knee and Lower Leg (Acute and Chronic).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines Knee and Leg Chapter on Arthroscopic Surgery for Osteoarthritis.

Decision rationale: This patient presents with right elbow, left knee, right knee, and right shoulder pain. The patient is status post right knee arthroscopy from 10/31/2014 and left knee arthroscopy from 04/24/2012. The treater is requesting LEFT KNEE ARTHROSCOPY AND DEBRIDEMENT. THE RFA was not made available for review. The patient's date of injury is from 03/21/2003 and she is currently off work. The MTUS and ACOEM Guidelines do not address this request. However, the ODG Guidelines under the Knee and Leg Chapter on Arthroscopic Surgery for Osteoarthritis states 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. The medical records show that the patient is status post left knee arthroscopy from 04/24/2012 and right knee arthroscopy from 10/31/2014. The report making the request was not made available. There are no MRIs of the left knee. There is no examination of the left knee. In this case, the ODG Guidelines do not recommend arthroscopic surgery for osteoarthritis. The request IS NOT medically necessary.

Associated Surgical Service: 1 Surgical Assistant: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343-344. Decision based on Non-MTUS Citation Centers for Medicare and Medicaid services (CMS), Physician Fee Schedule Search, CPT code 29877, <http://www.cms.gov/apps/physician-fee-schedule/overview.aspx>).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines Low Back chapter on Surgical Assistant.

Decision rationale: This patient presents with right elbow, left knee, right knee, and right shoulder pain. The patient is status post right knee arthroscopy from 10/31/2014 and left knee arthroscopy from 04/24/2012. The treater is requesting ASSOCIATED SURGICAL SERVICE ONE SURGICAL ASSISTANT. THE RFA was not made available for review. The patient's date of injury is from 03/21/2003 and she is currently off work. The MTUS and ACOEM

Guidelines do not address this request. However, the ODG Guidelines under the Low Back chapter on Surgical Assistant states, Recommended as an option in more complex surgeries as identified below. An assistant surgeon actively assists the physician performing a surgical procedure. The report making the request was not made available. It appears that this request is in conjunction with the left knee arthroscopy and debridement. In this case, given that the left knee surgery was denied, the need for a surgical assistant IS NOT medically necessary.

12 Physical Therapy Visits for Left Knee: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98-99.

Decision rationale: This patient presents with right elbow, left knee, right knee, and right shoulder pain. The patient is status post right knee arthroscopy from 10/31/2014 and left knee arthroscopy from 04/24/2012. The treater is requesting 12 PHYSICAL THERAPY VISITS FOR THE LEFT KNEE. THE RFA was not made available for review. The patient's date of injury is from 03/21/2003 and she is currently off work. The MTUS Guidelines page 98 and 99 on physical medicine recommends 8 to 10 visits for myalgia, myositis, and neuralgia type symptoms. The records do not show any previous physical therapy reports. The 01/12/2015 report shows that the patient complains of constant left knee pain at a rate of 8/10. The patient admits to some swelling and buckling of the knee. The pain is characterized as throbbing. In this case, a short course of physical therapy is appropriate to address the patient's current symptoms. However, the requested 12 sessions exceeds MTUS guidelines. The request IS NOT medically necessary.

1 Right Hip Cortisone Injection: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Hip and Pelvis (Acute and Chronic); Intra-articular steroid hip injection (IASHI).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines Low Back chapter on Intra-articular steroid hip injection.

Decision rationale: This patient presents with right elbow, left knee, right knee, and right shoulder pain. The patient is status post right knee arthroscopy from 10/31/2014 and left knee arthroscopy from 04/24/2012. The treater is requesting ONE RIGHT HIP CORTIZONE INJECTION. THE RFA was not made available for review. The patient's date of injury is from 03/21/2003 and she is currently off work. The MTUS and ACOEM Guidelines do not address this request. However, the ODG Guidelines under the Low Back chapter on Intra-articular steroid hip injection states, not recommended in early hip osteoarthritis OA. Under study for moderately advanced or severe hip OA, but if used, should be in conjunction with fluoroscopic guidance. Recommended as an option for short-term pain relief in hip trochanteric bursitis. The

records do not show any previous Cortisone injection to the right hip. The 12/2015 report does not show any physical examination of the right hip. In this case, the ODG guidelines do not recommend hip injection in early hip osteoarthritis. The request IS NOT medically necessary.