

<b>Case Number:</b>	CM15-0031597		
<b>Date Assigned:</b>	02/25/2015	<b>Date of Injury:</b>	09/25/2013
<b>Decision Date:</b>	04/24/2015	<b>UR Denial Date:</b>	02/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/19/2015

### 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: 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 51-year-old male who reported injury on 09/25/2013. Diagnosis include tear of medial meniscus knee current. The mechanism of injury was continuous trauma. There was a Request for Authorization submitted for review dated 11/24/2014. The injured worker was noted to have an ultrasound confirmed right medial meniscus tear on 04/09/2014. The documentation of 11/24/2014 revealed the injured worker failed all attempts at aggressive conservative management including cortisone injections, physiotherapy, anti-inflammatories and analgesic medications and the passage of time. The physician opined surgery was indicated. The physical examination revealed decreased range of motion of the right knee in flexion of 125 degrees. The injured worker had medial joint line tenderness. The documentation indicated the injured worker was an excellent candidate for arthroscopic right partial medial meniscectomy, chondroplasty and debridement. The injured worker underwent electrodiagnostic studies on 07/02/2014 which revealed no electrical evidence of bilateral cubital tunnel or carpal tunnel syndrome and no electrical evidence of cervical radiculopathy or brachial plexopathy affecting the left upper extremity. The documentation of 11/13/2014 revealed the injured worker was awaiting authorization for an ultrasound guided left wrist carpal tunnel and De Quervain's injection of cortisone. The documentation indicated the injured worker had tenderness in the parapatellar region. The injured worker was noted to have a positive Tinel's, Phalen's and Finklestein's test. The diagnoses included left wrist tenosynovitis, tend/De Quervain's. The documentation was handwritten and difficult to read. The request was made for an authorization for a left wrist ultrasound guided carpal tunnel and De Quervain's cortisone injection.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **Right Knee Arthroscopy:** 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 & Leg (Acute & Chronic).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343-345.

**Decision rationale:** The American College of Occupational and Environmental Medicine indicate surgical consultations may be appropriate for injured workers who have activity limitation for more than 1 month and a failure of an exercise program to increase range of motion and strength of the musculature around the knee. Additionally, for a meniscus tear, there should be documentation of symptoms other than pain including locking, popping, giving way and recurrent effusion and there should be clear signs of bucket handle tear on examination and consistent findings on MRI. The clinical documentation submitted for review indicated the injured worker had objective findings upon physical examination. However, there was a lack of documentation of symptoms other than pain and there was no MRI performed. The physician indicated the tear was per ultrasound. The request as submitted failed to indicate the specific procedure being requested. Given the above, the request for right knee arthroscopy is not medically necessary.

### **Pain Management Consultation in consideration of Lumbar Facet Blocks and Possible Rhizotomy:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-1. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Lumbar & Thoracic (Acute & Chronic).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300, Chronic Pain Treatment Guidelines Introduction Page(s): 1. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Facet joint diagnostic blocks (injections) Facet joint medial branch blocks (therapeutic injections), Facet Joint Pain, Signs & Symptoms.

**Decision rationale:** The California Medical Treatment Utilization Schedule guidelines recommend upon ruling out a potentially serious condition, conservative management is provided. If the complaint persists, the physician needs to reconsider the diagnosis and decide whether a specialist evaluation is necessary. The American College of Occupational and Environmental Medicine Guidelines indicate that a facet neurotomy (Rhizotomy) should be performed only after appropriate investigation involving controlled differential dorsal ramus medial branch diagnostic blocks. As the American College of Occupational and Environmental Medicine does not address specific criteria for medial branch diagnostic blocks, secondary guidelines were sought. The Official Disability Guidelines indicate that a medial branch block is not recommended except as a diagnostic tool. Minimal evidence for treatment. the criteria for the use of diagnostic blocks include the clinical presentation should be consistent with facet

joint pain which includes tenderness to palpation at the paravertebral area, a normal sensory examination, absence of radicular findings although pain may radiate below the knee, and a normal straight leg raise exam. There should be documentation of failure of conservative treatment including home exercise, physical therapy, and NSAIDS prior to the procedure for at least 4 to 6 weeks and no more than 2 facet joint levels should be injected in 1 session. Additionally, one set of diagnostic medial branch blocks is required with a response of 70%, and it is limited to no more than 2 levels bilaterally and they recommend no more than one set of medial branch diagnostic blocks prior to facet neurotomy, if neurotomy is chosen as an option for treatment (a procedure that is still considered under study). The use of IV sedation (including other agents such as midazolam) may be grounds to negate the results of a diagnostic block, and should only be given in cases of extreme anxiety. The clinical documentation submitted for review failed to provide a rationale for the requested intervention of the consultation and consideration of lumbar facet blocks. There was a lack of documentation indicating the injured worker had objective findings upon physical examination to support the necessity for a facet joint block. There was a lack of documentation indicating the injured worker had tenderness to palpation over the paravertebral area, a normal sensory examination, the absence of radicular findings and a normal straight leg raise examination. There was a lack of documentation of a failure of conservative care. The request as submitted failed to indicate the levels being requested. There was a lack of documentation of exceptional factors. There could be no decision for treatment without consultation first. Given the above, the request for pain management consultation in consideration of lumbar facet blocks and possible rhizotomy is not medically necessary.

**Pre-op Medical Clearance Evaluation: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Surgery General Information and Ground Rules, California Official Medical Fee Schedule, 1999 Edition pages 92-93.

**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.

**8 Initial Post Op Therapy Sessions: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Medical Fee Schedule (OMFS).

**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 services: Continued Cold Therapy Unit (Purchase): 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 & Leg (Acute & Chronic).

**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 Carpal Tunnel Release with Possible Flexor Tenosynovectomy and or Median Neuralysis:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 270, 273.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 270-271. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, Wrist & Hand Chapter, Tenolysis.

**Decision rationale:** The American College of Occupational and Environmental Medicine indicate a surgical consultation may be appropriate for injured workers who have red flags of a serious nature, failure to respond to conservative management and who have clear clinical and special diagnostic study evidence of a lesion that has been shown to benefit in both the short and long term from surgical intervention. Additionally, the guidelines indicate that carpal tunnel syndrome must be approved by positive findings on examination and the diagnosis should be supported by nerve conduction studies before surgery is undertaken. The clinical documentation submitted for review failed to indicate the injured worker had positive findings upon electrodiagnostic studies. The documentation indicated the injured worker had a positive Tinel's and Phalen's. There was a lack of documentation indicating the injured worker had undergone splinting. The guidelines do not address tenosynovectomy. As such, secondary guidelines were sought. The Official Disability Guidelines indicate a tenosynovectomy is appropriate for injured workers who are willing to commit to a rigorous course of physical therapy and who have good strength in flexor and extensor muscles of the hand and have intact nerves to flexor muscles. The clinical documentation submitted for review failed to indicate the injured worker was willing to commit to a rigorous course of therapy and that the injured worker had good strength in flexor and extensor muscles of the hand and had intact nerves to the flexor muscles. There was a lack of documentation of exceptional factors to warrant nonadherence to guideline recommendations. Given the above, the request for left carpal tunnel release with possible flexor tenosynovectomy and or median neurolysis is not medically necessary.

**Left de Quervain's Release with Possible Tenosynovectomy/Tenolysis:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 271. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Forearm, Wrist, & Hand (Acute & Chronic).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 270-271. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, Wrist & Hand Chapter, Tenolysis.

**Decision rationale:** The American College of Occupational and Environmental Medicine indicate a surgical consultation may be appropriate for injured workers who have red flags of a serious nature, failure to respond to conservative management and who have clear clinical and special diagnostic study evidence of a lesion that has been shown to benefit in both the short and long term from surgical intervention. The guidelines further indicate the treatment of De

Quervain's generally includes splinting and an injection. There was a lack of documentation of a failure of splinting and the results of an injection. The guidelines however, do not address tenolysis. As such, secondary guidelines were sought. The Official Disability Guidelines indicate a tenolysis may be appropriate for an injured worker who is willing to commit to a rigorous course of physical therapy and who has good strength in the flexors and extensor muscles of the hand and who have intact nerves to flexor muscles. The clinical documentation submitted for review failed to provide documentation that the injured worker was willing to commit to a rigorous course of physical therapy and that the injured worker had good strength in flexor and extensor muscles of the hand and had intact nerves to the flexor muscles. Given the above, the request for left De Quervain's release with possible tenosynovectomy/tenolysis is not medically necessary.