

<b>Case Number:</b>	CM15-0035979		
<b>Date Assigned:</b>	03/04/2015	<b>Date of Injury:</b>	01/20/2009
<b>Decision Date:</b>	04/14/2015	<b>UR Denial Date:</b>	02/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/25/2015

### 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: New Jersey, Michigan, California  
 Certification(s)/Specialty: Neurology, Neuromuscular Medicine

### 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 male, who sustained an industrial injury on 1/20/2009. The diagnoses have included right knee medial meniscus tear, internal derangement of knee and sprain of left ankle. Treatment to date has included medication. According to the initial evaluation and report dated 1/13/2015, the injured worker complained of right knee pain that radiated to the foot with numbness, tingling and weakness. The plan was to refer to orthopedics for right knee pain and pain management for lumbar spine epidurals. Current medications were Prilosec, Naprosyn and topical creams. According to the Primary Treating Physician's Progress Report dated 2/12/2015, the injured worker complained of pain in the right knee and the left ankle. The injured worker also complained of stress, anxiety and depression. Physical exam revealed tenderness to palpation of the anterior and posterior right knee and muscle spasm of the posterior knee. Exam of the left ankle revealed tenderness to palpation of the anterior ankle, dorsal ankle and lateral ankle. Authorization was requested for Knee Arthroscopic, Consultation follow-up and medications and Psychological initial consultation for stress, anxiety and depression. On 2/20/2015 Utilization Review (UR) non-certified requests for Knee Arthroscopic, Consultation follow-up and medications and Psychological initial consultation for stress, anxiety and depression. The Medical Treatment Utilization Schedule (MTUS), American College of Occupational and Environmental Medicine (ACOEM) Guidelines and Official Disability Guidelines (ODG) were cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Knee Arthroscopic: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Evaluation and Management of Common Health Problems and Functional Recovery in Works, Second Edition 2004, page 116, ACOEM Guidelines, 2nd edition, text, pages 341-342. Official Disability Guidelines (ODG) <http://www.odg-twc.com/odgtwc/knee.htm>.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Arthroscopic surgery for osteoarthritis. <http://www.odg-twc.com/index.html>.

**Decision rationale:** According to ODG guidelines, Arthroscopic surgery for osteoarthritis 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. (Kirkley, 2008) (Marcus, 2002) (Moseley, 2002) In the Meniscal Tear in Osteoarthritis Research (METEOR) trial, there were similar outcomes from PT versus surgery (Katz, 2013). In this RCT, arthroscopic surgery was not superior to supervised exercise alone after non-traumatic degenerative medial meniscal tear in older patients. (Herrlin, 2007) Another systematic review concluded that arthroscopic surgery for degenerative meniscal tears and mild or no osteoarthritis provided no benefit when compared with nonoperative management. (Khan, 2014) See also Meniscectomy, Physical therapy vs. surgery.

**Consultation FU and Medications: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain programs, early intervention Page(s): 32-33.

**Decision rationale:** According to MTUS guidelines, the presence of red flags may indicate the need for specialty consultation. In addition, the requesting physician should provide a documentation supporting the medical necessity for a follow-up visit. The documentation should include the reasons, the specific goals and end point for the visit. In this case, there is no clear documentation for the rational for the request and no documentation about the medication requested. The requesting physician did not provide a documentation supporting the medical necessity for this visit. The provider documentation should include the reasons, the specific goals and end point for using the expertise of a specialist. Therefore, the request for follow-up consultation and medications is not medically necessary.

**Psychological Initial Consultation for stress, anxiety, depression: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines, 2nd edition, text, page 398, 397.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Assessing Red Flags and Indication for Immediate Referral, Chronic pain programs, early intervention Page(s): 171, 32-33.

**Decision rationale:** According to MTUS guidelines, the presence of red flags may indicate the need for specialty consultation. In addition, the requesting physician should provide a documentation supporting the medical necessity for a pain management evaluation with a specialist. The documentation should include the reasons, the specific goals and end point for using the expertise of a specialist. In the chronic pain programs, early intervention section of MTUS guidelines stated: Recommendations for identification of patients that may benefit from early intervention via a multidisciplinary approach: (a) The patient's response to treatment falls outside of the established norms for their specific diagnosis without a physical explanation to explain symptom severity. (b) The patient exhibits excessive pain behavior and/or complaints compared to that expected from the diagnosis. (c) There is a previous medical history of delayed recovery. (d) The patient is not a candidate where surgery or other treatments would clearly be warranted. (e) Inadequate employer support. (f) Loss of employment for greater than 4 weeks. The most discernable indication of at risk status is lost time from work of 4 to 6 weeks. (Mayer 2003) In this case, there is no assessment indicating that the patient is suffering from depression and anxiety. It is not stated what the psychological symptoms are. It seems that there is no need for psychological evaluation at this time. The requesting physician should provide a documentation supporting the medical necessity for this evaluation. The documentation should include the reasons, the specific goals and end point for a referral to psychologist. Therefore, the request for Psychological Initial Consultation for stress, anxiety, depression is not medically necessary.