MAXIMUS Federal Services

Case Number:	CM15-0083591		
Date Assigned:	05/12/2015	Date of Injury:	12/04/2012
Decision Date:	07/16/2015	UR Denial Date:	04/20/2015
Priority:	Standard	Application Received:	05/01/2015

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: Minnesota, Florida
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 27 year old female, who sustained an industrial injury on 12/04/2012. Diagnoses include symptomatic patellar instability with internal derangement and arthritis. Treatment to date has included diagnostics including magnetic resonance imaging (MRI), chiropractic, physical therapy, bracing and injections. Per the Consultation report dated 3/27/2015, the injured worker reported pain on the medial side of the left knee. Physical examination of the left knee revealed range of motion of 0 to about 140 degrees. There was patella instability and apprehension in the lateral direction. There was mild to moderate patellofemoral crepitation. Her Q angle was slightly increased and tilt was within normal limits. She had medial joint line tenderness. The knee was stable to anterior, posterior, medial and lateral stress. The plan of care included surgical intervention and authorization was requested for left knee arthroscopic menisectomy, debridement and lateral release, postop physical therapy and postop Keflex 500mg, Zofran, Naproxen, Colace, Norco and vitamin C.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left knee meniscectomy, debridement, lateral release: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 344 and 345. Decision based on Non-MTUS Citation Official Disability Guidelines Treatment in Workers' Compensation (ODG-TWC), Knee and Leg Procedure Summary Online Version, ODG Indications for Surgery - Meniscectomy and Chondroplasty.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 344,345.

Decision rationale: With regard to the request for a meniscectomy, California MTUS guidelines indicate arthroscopic partial meniscectomy usually has a high success rate for cases in which there is clear evidence of a meniscal tear, symptoms other than simply pain such as locking, popping, giving way, and recurrent effusion and clear signs of a bucket handle tear on examination and consistent MRI findings. In this case there was no recent MRI scan and the prior MRI scan was a-year-old but did not show any evidence of a meniscal tear. As such, the request for a meniscectomy was not supported by guidelines and the medical necessity was not substantiated. The request for debridement was certified by utilization review and was appropriate and medically necessary. With regard to the request for a lateral release, California MTUS guidelines indicate lateral arthroscopic release may be indicated in cases of recurrent subluxation of the patella but surgical realignment of the extensor mechanism may be indicated in some patients. The documentation provided indicates a positive apprehension test and evidence of clinically demonstrable lateral subluxation of the patella. Therefore, although the imaging studies did not show a patellar tilt, a lateral retinacular release was supported. In totality, the request as stated is for a meniscectomy, debridement, and lateral release. Since the meniscectomy is not medically necessary per citations referenced above, the request as stated is not medically necessary.

Post-op physical therapy 2x8 (left knee): Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 24, 25.

Decision rationale: California MTUS postsurgical treatment guidelines indicate 12 visits over 12 weeks for a meniscectomy, dislocation of patella, loose body in the knee, and chondromalacia of patella. The initial course of therapy is one-half of these 12 visits, which is 6. Then with documentation of continuing functional improvement, a subsequent course of therapy of the remaining 6 visits may be prescribed. The request as stated is for 16 visits, which is not supported by guidelines and as such, is not medically necessary.

Keflex 500mg #4 (post-op): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Treatment for Workers' Compensation (ODG-TWC), Infectious Diseases Procedure Summary online version.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American Academy of Orthopaedic Surgeons.

Decision rationale: American Academy of Orthopedic Surgeons guidelines with regard to prophylactic antibiotics do not support the use of antibiotics for clean orthopedic cases without implants. As such, the use of Keflex postoperatively is not supported. Therefore, the medical necessity of the request has not been substantiated.

Zofran 4mg #10 (post-op): Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Treatment for Workers' Compensation (ODG-TWC), Pain Procedure Summary, Antiemetics (for opioid nausea).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG: Section: Pain, Topic: Anti-emetics.

Decision rationale: ODG guidelines with regard to Zofran indicate that it is a serotonin 5'HT3 receptor antagonist. It is FDA approved for nausea and vomiting secondary to chemotherapy and radiation treatment. It is also FDA approved for postoperative use. The provider is requesting this medication for postoperative use after a knee arthroscopy. As such, the indication is supported by guidelines and the medical necessity is established.

Vitamin C 500mg #60 (post-op): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation http://www.nlm.nih.gov/medlineplus/ency/article/002404.htm.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medline.

Decision rationale: Vitamin C is a water-soluble vitamin that is necessary for normal growth and development. It is needed for growth and repair of tissues in all parts of the body. It is an important part of the diet. The documentation provided does not indicate a deficiency of vitamin C. As such, in the presence of a good balanced diet, the medical necessity of supplementation has not been substantiated.