

Case Number:	CM15-0084010		
Date Assigned:	05/06/2015	Date of Injury:	08/27/2012
Decision Date:	08/04/2015	UR Denial Date:	04/17/2015
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: 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 46 year old male, who sustained an industrial injury on 8/27/12. He reported initial complaints of low back pain. The injured worker was diagnosed as having torn medial meniscus right knee; joint pain-leg; L2 compression fracture. Treatment to date has included status post right knee arthroscopy with medial meniscectomy (4/22/14). Diagnostics included CT scan Lumbar spine (8/27/12); MRI right knee (11/1/14). Currently, the PR-2 notes dated 3/19/15 indicated the injured worker returns for follow-up for his right knee. He is a status post right knee arthroscopy with partial medial meniscectomy on 4/22/14. He has improvement but has had ongoing right knee pain. A follow-up MRI scan of the right knee was suggestive of a persistent medial meniscus tear. He transferred to this office on 3/5/15 and on that date was given a corticosteroid injection into the right knee. He states that after 1-2 days of discomfort, he had a few days of complete pain relief to the right knee, however, the pain has returned. He has difficulty kneeling, squatting or lifting that is painful. He is able to walk, sleep comfortably but there is ongoing catching. On examination, the knee reveals mild varus or bowlegged alignment with tenderness over the medial joint line. There is no lateral joint line tenderness, no clicking with McMurray's test and no medial lateral collateral tenderness. The knee is stable to varus and valgus stress in flexion and extension. Tests for anterior cruciate ligament insufficiency reveal negative Lachman's, pivot shift and anterior drawer test. He has a negative posterior drawer test for posterior cruciate ligament insufficiency. There is normal patellofemoral tracking. Neurovascular examination is intact. The provider is requesting a right knee arthroscopy, medial meniscectomy; pre-operative appointment; 4 post-operative appointments with

fluoroscopy; 12 post-operative physical therapy sessions; 2 weeks of Game Ready Machine; 1 knee mobilizer; medications: 1 prescription of Tramadol HCL/ Acetaminophen 37.5/325 mg #60 with 1 refill; 1 prescription of Zolpidem Tartrate 5mg #30; 1 prescription of Zofran 8mg #10; 1 prescription of Colace 100mg #20.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 right knee arthroscopy, medical meniscectomy: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 344-345. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg, Meniscectomy.

Decision rationale: CAMTUS/ACOEM Chapter 13 Knee Complaints, pages 344-345, states regarding meniscus tears, "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)." According to ODG Knee and Leg section, Meniscectomy section, states indications for arthroscopy and meniscectomy include attempt at physical therapy and subjective clinical findings, which correlate with objective examination and MRI. In this case, the exam notes from 11/1/14 do not demonstrate evidence of a clear meniscus tear to warrant surgery. Therefore, the request is not medically necessary.

1 preoperative appointment: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Office Visits.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

1 prescription of Tramadol HCL/ Acetaminophen 37.5/325 mg #60 with 1 refill: 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: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

1 prescription of Zolpidem Tartrate 5mg #30: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Zolpidem.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

1 prescription of Zofran 8mg #10: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Ondansetron (Zofran).

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

1 prescription of Colace 100mg #20: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Opioid induced constipation treatment.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

4 post-operative appointments with fluroscopy: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Office visits.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

12 post operative physical therapy sessions: 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: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

2 weeks of Game Ready Machine: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and leg, Continuous flow cryotherapy.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

1 knee mobilizer: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg, DME.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.