

Case Number:	CM15-0087008		
Date Assigned:	05/13/2015	Date of Injury:	01/12/2012
Decision Date:	07/31/2015	UR Denial Date:	04/07/2015
Priority:	Standard	Application Received:	05/06/2015

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 York

Certification(s)/Specialty: Neurological 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 54 year old female, who sustained an industrial injury on January 12, 2012. The injured worker was diagnosed as having discogenic lumbar condition with MRI showing degenerative disc disease from L4 through S1 with facet changes and spondylolisthesis 4mm in extend at L5 on S1 with nerve studies unremarkable, impingement syndrome of the shoulders bilaterally with MRI of the right shoulder showing tendinosis and the MRUI of the left shoulder showing tendinosis and bicipital tendonitis and AC wear, internal derangement of the knee bilaterally with the MRI of the right knee showing grade II tear of the medial meniscus and the left knee MRI showing grade III tear of the medial meniscus, and x-rays showing 2mm articular surface left on both knees, due to chronic pain and inactivity a weight gain of 15 pounds with element of depression, headache, gastrointestinal (GI) irritation, sexual dysfunction, and TMJ syndrome, and trochanteric bursitis of the right hip. Treatment to date has included bracing, TENS, MRIs, nerve studies, psychological treatments, x-rays, physical therapy, cortisone injection, and medication. Currently, the injured worker complains of low back, knees, and shoulders symptomatology, with gastrointestinal (GI) irritation, headaches, anxiety, insomnia, and THJ syndrome. The Treating Physician's report dated March 25, 2015, noted the injured worker reported her knees were pretty bad at the time, with MRIs of the knees noted to show a grade II tear in the meniscus on the right, and a grade III tear in the medial meniscus on the left. Physical examination was noted to show positive anterior Drawers test on the right side, positive McMurray test medially and laterally especially on the left, and impingement sign positive bilaterally. The treatment plan was noted to include request for authorization for a back brace,

two knee braces, a 10 panel urine screen, Hyalgan injection to the right knee x5, and surgical intervention, arthroscopy, meniscectomy, chondroplasty, synovectomy of the left knee with appropriate labs including a comprehensive metabolic panel, CBC, UA, EKG, chest x-ray, clearance for surgery, postoperative need for medications including Amoxicillin, Neurontin, and Zofran, and ELS brace, crutches, Polar Care, and prescriptions for Norco, Remeron, Flexeril, Protonix, and LidoDerm patches.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left knee arthroscopy, meniscectomy, chondroplasty and synovectomy: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 344.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343-344.

Decision rationale: The California MTUS guidelines note that surgery may be considered if the patient has had a failure of exercise programs to increase range of motion and strength of the musculature around the knee. Documentation does not include evidence of these programs. Documentation does not contain the unique signs of meniscus injury. The requested treatment: Left knee arthroscopy, meniscectomy, chondroplasty and synovectomy is not medically necessary and appropriate.

Associated surgical service: DME Polar Care x 21 days: 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.

Post-op ELS ROM brace with locks/wraps: 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.

Associated surgical service: Pair of aluminum crutches: 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.

Pre-op clearance: 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.

Pre-op H & P, CBC, CMP, EKG: 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.

Pre-op chest x-ray: 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.

Pre-op urinalysis: 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.

Associated surgical service: Labs, liver function: 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.

Associated surgical service: Labs, kidney function: 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.

Associated surgical service: Lumbar back support: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation the ODG guidelines do not recommend lumbar supports for prevention of back pain. The guidelines note there is strong and consistent evidence that lumbar supports are not effective in preventing back pain. They note there is consistent evidence that exercise interventions are effective. When used post-operatively the recommendation was for short course. The requested treatment: Associated surgical service: back support insert is NOT Medically necessary and appropriate.

Decision rationale: The ODG guidelines do not recommend lumbar supports for prevention of back pain. The guidelines note there is strong and consistent evidence that lumbar supports are not effective in preventing back pain. They note there is consistent evidence that exercise interventions are effective. When used post-operatively the recommendation was for short course. The requested treatment: Associated surgical service: lumbar back support is NOT Medically necessary and appropriate.

Associated surgical service: back support insert: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back Chapter-lumbar supports.

Decision rationale: The ODG guidelines do not recommend lumbar supports for prevention of back pain. The guidelines note there is strong and consistent evidence that lumbar supports are not effective in preventing back pain. They note there is consistent evidence that exercise interventions are effective. When used post-operatively the recommendation was for short course. The requested treatment: Associated surgical service: back support insert is NOT Medically necessary and appropriate.

Hyalgan injections to the right knee x 5: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee Chapter-Hyaluronic acid injections.

Decision rationale: The ODG guidelines do recommend hyaluronic acid injections in a series of 3-5 injections of Hyalgan as an option in the treatment of severe osteoarthritis who have not responded adequately to conservative treatments. Documentation does not contain evidence of the exercise treatments which had failed nor the course of response to NSAIDs or acetaminophen. The requested treatment: Hyalgan injections to the right knee x 5 is not Medically necessary and appropriate.

Post-op Amoxicillin 875mg #40: 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.

Post-op Neurontin 600mg #180: 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.