

Case Number:	CM15-0089472		
Date Assigned:	05/13/2015	Date of Injury:	06/27/2011
Decision Date:	07/02/2015	UR Denial Date:	04/27/2015
Priority:	Standard	Application Received:	05/09/2015

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 54-year-old female, who sustained an industrial injury on June 27, 2011 while working as a typist clerk. The mechanism of injury was repetitive work activities. The injured worker has been treated for left shoulder/arm, left elbow/forearm, left wrist/hand and bilateral knee complaints. The diagnoses have included left shoulder arthropathy, left subacromial-subdeltoid bursitis, left shoulder internal derangement, failed left elbow surgery, left carpal tunnel syndrome, right hip stain, right knee strain, left knee meniscal tear and depression. Treatment to date has included medications, radiological studies, H-wave unit, injections, left elbow surgery and left hand/wrist surgery. Current documentation dated April 14, 2015 notes that the injured worker reported worsening left knee pain and instability of the knee causing the injured worker to fall several times. Examination of the left knee revealed tenderness, infrapatellar grinding and a decreased range of motion. A McMurray's test was positive. The treating physician's plan of care included a request for a left knee arthroscopic meniscectomy, left knee brace, orthopedic follow-up for the left knee/April 14, 2015 for the right knee and x-rays of the left shoulder, left elbow, left wrist, left knee and right knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left Knee Arthroscopic Meniscectomy: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints page(s): 343, 344, 345.

Decision rationale: The available documentation does not include any MRI report pertaining to the left knee. The most recent progress note dated 4/14/2015 consists of brief handwritten notes indicating continuing left knee pain. The injured worker had fallen a few times. Range of motion of the left knee was reported to be 0-120. McMurray was positive. There was medial joint line pain and infrapatellar grinding and tenderness. The diagnosis was left knee meniscal tear. MRI findings or the reports were not submitted. The notes do not mention the right knee or the shoulder, forearm, wrist and hand complaints. The available MRI scan of the right knee is dated 2/14/2014. Per documentation in the office notes, the MRI scan revealed mild chondromalacia of the patellofemoral compartment of the knee. There was a small Baker's cyst present. There was quadriceps tendinopathy noted. A pain clinic note dated 5/16/2014 documents ongoing left shoulder/arm/left elbow/forearm or left wrist/hand problems since early 2011. She underwent left elbow/forearm surgery on 8/31/2012, which resulted in worsening. She underwent left wrist/hand surgery also on 8/31/2012 with improvement. The nature of the surgical procedure is not documented. California MTUS guidelines indicate 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 such as locking, popping, giving way, recurrent effusion, and clear signs of a bucket handle tear on examination and consistent findings on MRI. In this case, the MRI scan has not been submitted. A history of chondromalacia was reported in the past and the current degree of degenerative changes in the knee joints is not reported. Arthroscopy and meniscus surgery may not be equally beneficial for those patients who are exhibiting signs of degenerative changes. Without the benefit of the MRI findings, the request is not medically necessary.

Associated Surgical Service: Left Knee Brace: 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.

Orthopedic Follow Up for the Left Knee 4/14/15 Right Knee: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG: Section: Knee, topic: Office visits.

Decision rationale: With respect to the request for orthopedic follow-up for the left and right knees, ODG guidelines recommend office visits as determined to be medically necessary. Evaluation and management outpatient visits to the offices of medical doctors play a critical role in the proper diagnosis and return to function of an injured worker, and they should be encouraged. The need for a clinical office visit with a healthcare provider is individualized based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. The documentation provided indicates that the injured worker is complaining of bilateral knee pain. As such, office visits are appropriate and supported by guidelines. Therefore, the request is medically necessary.

X-rays of the left Shoulder, Left Elbow, Left Wrist, Right Knee and Left Knee: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG: Sections: Knee, shoulder, Elbow, forearm, wrist and hand. Topic: Radiography.

Decision rationale: With regard to the request for x-rays, ODG guidelines for shoulder radiography state that plain radiographs should be routinely ordered for patients with chronic shoulder pain including anteroposterior, scapular Y and axillary views. With regard to elbow radiographs, ODG guidelines recommend x-rays before other imaging studies for patients with suspected osteochondral fractures, osteochondritis dissecans and osteocartilaginous intra-articular loose bodies. For patients with normal extension, flexion, and supination emergent elbow radiographs are not necessary. ODG guidelines indicate radiographs of the hand and wrist for acute trauma and also for chronic wrist pain as a first study obtained with or without prior injury with no specific area of pain specified. With respect to knee x-rays, ODG guidelines recommend x-rays for nontraumatic knee pain for patellofemoral symptoms and for nonlocalized pain including anteroposterior and lateral films. For patellofemoral symptoms, an axial (Merchant) view is also recommended. The documentation indicates a history of chronic pain. As such, the request is medically necessary.