MAXIMUS Federal Services

Case Number:	CM14-0210311		
Date Assigned:	12/23/2014	Date of Injury:	10/28/2009
Decision Date:	03/06/2015	UR Denial Date:	11/18/2014
Priority:	Standard	Application Received:	12/15/2014

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, Sports 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 49-year-old female who reported an injury on 10/29/2009, when she felt down stairs. Her diagnoses were bilateral recurrent carpal tunnel syndrome, right knee sprain and strain, and degenerative joint disease with chondromalacia of the patella. An MRI of the right knee performed on 09/25/2014 revealed anterior and posterior cruciate ligaments appear to be intact with normal tibial and femoral attachments and normal signal intensity. There is no evidence of a tear. Degenerative arthritic changes with marginal osteophytes and spiking of the tibial spine with moderate knee joint effusion and fluid extending into the recess of the suprapatellar bursa and Fabella posterior to the lateral femoral condyle. Electrodiagnostic study performed on 01/25/2012 revealed a right C7 radiculopathy that is chronic and very active with paraspinal subacute membrane instability and axonal motor. There are bilateral median and ulnar neuropathies sensory and demyelinating. NCV of the bilateral upper extremities performed on 08/06/2014 revealed bilateral carpal tunnel pathology and bilateral focal slowing across both elbows, suggesting the presence of an entrapment or compressive neuropathy such as with cubital tunnel syndrome. On 10/07/2014, the patient had complaints of constant bilateral wrist and hand pain and constant right knee pain and complaints of numbness and weakness with her handgrip. She also noted clicking and gives way of the right knee. There was difficulty with prolonged standing and walking and repetitive carrying and pushing. She noted difficulty sleeping due to pain and difficulty with sexual functioning. She also had symptoms of depression due to pain and loss of work. Examination of the right knee revealed range of motion values of -3 degrees in extension and 120 degrees of flexion. There were 2 degrees of varus deformity.

There was atrophy of the quadriceps and a positive McMurray's test. There was medial joint line tenderness and chondromalacia of the patella. Compression test was positive. The knee was stable to medial collateral, lateral collateral, and anterior and posterior drawer signs. There was a lateral subluxation of the patella with positive clicking of the right knee. Range of motion for the bilateral wrists and hands were 45 degrees of flexion and extension, 15 degrees of radial deviation and 20 degrees of ulnar deviation. There was a positive Tinel's and Phalen's over the carpal tunnel region. The provider recommended a right knee diagnostic scope, arthroscopic surgery lateral release, bilateral wrist brace, and a hot/cold contrast unit and postop knee brace with crutches for post-operative. No rationale provided. The Request for Authorization form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Knee Diagnostic Scope: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343-345. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee and Leg Chapter

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg, Diagnostic Arthroscopy

Decision rationale: The California MTUS Guidelines state that surgical consultation may be indicated for injured workers who have activity limitation for more than 1 month, with evidence of failure to respond to conservative treatment, to increase range of motion and strength of the musculature around the knee. Documentation submitted for review noted that the patient had a 2-degree varus deformity and atrophy of the quadriceps. There was a positive McMurray's and positive medial and lateral joint line tenderness. There was a positive chondromalacia of the patella with compression test. There is, however, no evidence that the patient had tried and failed initially recommended conservative treatments to include physical therapy and medications. As such, medical necessity has not been established.

Arthroscopic Surgery Lateral Release: 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): 343. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg, Diagnostic Arthroscopy

Decision rationale: The California MTUS Guidelines state that surgical consultation may be indicated for injured workers who have activity limitation for more than 1 month, with evidence of failure to respond to conservative treatment, to increase range of motion and strength of the

musculature around the knee. Documentation submitted for review noted that the patient had a 2-degree varus deformity and atrophy of the quadriceps. There was a positive McMurray's and positive medial and lateral joint line tenderness. There was a positive chondromalacia of the patella with compression test. There is, however, no evidence that the patient had tried and failed initially recommended conservative treatments to include physical therapy and medications. As such, medical necessity has not been established.

Bilateral wrist brace: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Carpal Tunnel Syndrome Chapter

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 271-273.

Decision rationale: The request for bilateral wrist brace is not medically necessary. The California MTUS Guidelines state that immobilization or splinting is used as a first line conservative treatment for carpal tunnel syndrome, de Quervain's, and strains. The documentation submitted for review noted that there was a positive Tinel's and Phalen's sign over the carpal tunnel region. The patient was noted to have positive imaging for carpal tunnel syndrome. The guidelines recommend immobilization as a first line treatment. As such, medical necessity has been established for the bilateral wrist brace.

Hot/Cold Contrast Unit: 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-Operative Knee Brace and 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.