

Case Number:	CM14-0213185		
Date Assigned:	12/30/2014	Date of Injury:	12/07/2005
Decision Date:	03/19/2015	UR Denial Date:	11/20/2014
Priority:	Standard	Application Received:	12/19/2014

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: 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 sixty-four year old female who sustained a work-related injury on December 7, 2005. Requests for outpatient right knee arthroscopy/medial meniscectomy, pre-operative studies to include a chest x-ray, EKG, laboratory tests (CBC, Chem 7, PT, PTT, INR), post-surgical follow-up, twelve sessions of post-operative physical therapy and post-operative medications to include Ambien 10 mg 30, Zofran 4 mg #30, Keflex 500 mg #12 and Norco 5/325 mg #120 were noncertified by Utilization Review (UR) on November 19, 2014. The UR physician utilized the California (CA) MTUS Guidelines in the determination. The CA MTUS Guidelines state that arthroscopic meniscectomy generally has a high rate of success; however with degenerative changes, the procedure may not be equally beneficial. The CA MTUS Guidelines recommend that for patients being considered for arthroscopic meniscectomy that they should have failed all reasonable forms of conservative care. The UR physician determined that upon review of the documentation submitted for review, the documentation indicated that the injured worker had moderate degenerative changes in the knee and appeared to be at least a reasonable candidate for corticosteroid injections in advance of consideration for surgical intervention. The MRI scan of 8/12/2011 documented that the injured worker had a horizontal tear of the medial meniscus and had failed some degree of conservative care to date; however, the documentation did not demonstrate that the injured worker had failed all reasonable forms of therapy such as corticosteroid injections. The UR physician did not certify the request for right knee arthroscopy and medial meniscectomy. In that the requested surgical procedure was non-certified, the request for pre-operative studies to include a chest x-ray, EKG, laboratory tests

(CBC, Chem 7, PT, PTT, INR), post-surgical follow-up, twelve sessions of post-operative physical therapy and post-operative medications to include Ambien 10 mg 30, Zofran 4 mg #30, Keflex 500 mg #12 and Norco 5/325 mg #120 were also non-certified. A request for Independent Medical Review (IMR) was initiated on December 19, 2014. A review of the documentation provided for IMR included physician's evaluations from May 29, 2014 through September 17, 2014. During this evaluation period, the injured worker complained of bilateral knee pain which she reported affected her balance and ambulation. The injured worker reported she work a brace for stability when ambulating long distances and used a cane at other times. An MRI of left knee on August 12, 2011 revealed a grade II signal in the posterior horn of the medial meniscus consistent with intrasubstance degeneration. Diagnoses associated with the injured worker's injury included degenerative joint disease of both knees and a right knee medial meniscal tear. On May 29, 2014 the evaluating physician noted that the injured worker had previous corticosteroid injections which caused the injured worker's blood sugar to increase over 300 and caused heart palpitations. The injured worker was deemed to be not a candidate for corticosteroid injections because of her previous reaction. X-rays of the knees on July 30, 2014 indicated degenerative joint disease in both knees with no acute changes noted. The evaluating physician noted on September 2, 2014 that the injured worker reported cramping and numbness in the lower extremities. She noted that she was having difficulty sleeping as a result of headaches and cramps. On September 17, 2014 the evaluating physician noted progressive weakness of the knees. On examination, the injured worker had no swelling, no deformity or effusion over the knees and tenderness was noted over the joint. The evaluating physician noted that due to the failure of NSAIDs and physical therapy, surgery was recommended. However, the PR2s of 10/24/14 and 11/14/14 did not indicate any positive testing of the knees and history was not typical of a meniscal problem. Documentation does not provide evidence of a recent MRI of the knees to substantiate a progressive meniscal problem.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient right knee arthroscopy; medial meniscectomy: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 344-345.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 334, 335.

Decision rationale: The history and examination of the injured worker's knee does not meet the usual criteria (MTUS p.334-5) for a pathological meniscus tear. Moreover, documentation does not include a recent MRI of the knees to substantiate meniscus pathology. The CA MTUS Guidelines recommend that for patients being considered for arthroscopic meniscectomy that they should have failed all reasonable forms of conservative care. Documentation does not reveal that this has happened. Therefore the requested operation is not necessary or appropriate.

Associated surgical service: preoperative chest x-ray: 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 in Workers' Compensation, 18th Edition, 2013 updates, Chapter low back, Preop testing

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: pre-op EKG: 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 in Workers' Compensation, 18th Edition, 2013 updates, Chapter low back, Preop testing

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: medicine consult preoperative consult labs (CBC, Chem7, PT, PTT, INR): 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 in Workers' Compensation, 18th Edition, 2013 updates, Chapter low back, Preop testing

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: Norco 5/325mg 12 PO Q4 hrs PRN pain #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 91-94.

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: Ambien 10 PO QHS PRN sleep #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (19th annual

edition) and Official Disability Guidelines Treatment in Workers' Compensation (12th annual Edition) 2014, Chapter pain, Zolpidem

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Since right knee arthroscopy, medial meniscectomy is not recommended, then the associated surgical service of ambien 10 mg is not needed.

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

Associated surgical service: Keflex 500mg PO QID x3 days #12: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation J Am Acad Orthop Surg 2008 May; 16(5): 283-93, Prophylactic Antibiotics in Orthopedic Surgery

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: Zofran 4mg BID PRN nausea #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, (19th annual Edition) and Official Disability Guidelines Treatment in Workers' Compensation (12th annual edition), 2014. Chapter pain, Zofran

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: Follow-up post surgery: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (19th annual edition) and Official Disability Guidelines Treatment in Workers' Compensation (12th annual edition), 2014, Chapter Knee, Office visits

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: 12 visits post-operative physical therapy, 2 x 6 weeks:

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since right knee arthroscopy, medial menisectomy is not recommended, then the associated surgical service of 12 visits post-operative physical therapy, 2 x 6 weeks: is not needed.