

Case Number:	CM15-0003529		
Date Assigned:	02/10/2015	Date of Injury:	01/12/2012
Decision Date:	04/09/2015	UR Denial Date:	12/15/2014
Priority:	Standard	Application Received:	01/07/2015

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:

This 53-year-old diabetic female special education instructional aide on 01/22/12 reported neck, mid back, low back bilateral knee and shoulder pain after lifting 35# boxes and then a 120# child. Diagnoses include discogenic lumbar condition of degenerative disease and facet changes and spondylolisthesis, upper back pain, discogenic cervical condition, right shoulder tendinosis, bicipital tendonitis, AC joint wear and impingement, chronic pain syndrome, meniscal tear left knee, and trochanteric bursitis of the right hip. Treatments to date include medications and physical therapy. In a progress noted dated 11/26/14 the treating provider recommends right knee arthroscopic surgery as well as preoperative medical clearance, laboratory studies, chest x-ray, EKG, polar care, crutches, knee orthosis, Rejuveness, amoxicillin, and Neurontin. On 12/15/14 Utilization Review non-certified the knee surgery and all associated services, citing MTUS guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right knee arthroscopic decompression and meniscectomy Qty: 1.00: 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): 337,338,344.

Decision rationale: The California MTUS guidelines indicate that an arthroscopic partial meniscectomy usually has a high success rate in cases where there is clear evidence of a meniscus tear. This patient however, has not presented with complaints of locking, popping, giving way or recurrent effusions or clear signs of a bucket handle tear. The PR2 of 12/31/2014 indicated the patient was complaining of foot, groin and low back pain. It is also ominous that the knee injection was not followed by any improvement. The MTUS guidelines also recommend exercise programs. The documentation contains no details about a home exercise program or physical therapy directed at her right knee. Thus the requested treatment: Right knee arthroscopic decompression and meniscectomy QTY: 1 is not medically necessary and appropriate.

Pre-operative medical clearance: H&P Qty:1.00: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG). ODG-TWC; ODG Treatment; Integrated Treatment / Disability Duration Guidelines, Low Back Chapter.

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-operative: CBC Qty: 1.00: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG). ODG-TWC; ODG Treatment; Integrated Treatment / Disability Duration Guidelines, Low Back Chapter.

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-operative CMP Qty:1.00: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG). ODG-TWC; ODG Treatment; Integrated Treatment / Disability Duration Guidelines, Low Back Chapter.

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-operative : EKG Qty: 1.00: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG). ODG-TWC; ODG Treatment; Integrated Treatment / Disability Duration Guidelines, Low Back Chapter.

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-operative : Chest X-ray Qty: 1.00: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG). ODG-TWC; ODG Treatment; Integrated Treatment / Disability Duration Guidelines, Low Back Chapter.

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: Polar Care unit (in days) Qty: 21.00: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 203.

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 orthosis, adjustable Qty: 1.00: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 340.

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 : Crutches Qty: 1.00: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS.*CharFormat Decision based on Non-MTUS Citation Official Disability Guidelines (ODG). ODG-TWC; ODG Treatment; Integrated Treatment / Disability Duration Guidelines, Ankle and Foot Chapter, Walking Aids.

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.

Rejuveness Qty: 1.00: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.rejuveness.com>.

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.

Amoxicillin clavulanate 875/125mg Qty: 20.00: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Indian J Med Res. 2013 Jan; 137(1): 111-6.

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.

Zofran 8mg Qty: 20.00: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter , Antiemetics (for opioid nausea).

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.

Neurontin 600mg Qty: 180.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs) Page(s): 16-22.

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.