

Case Number:	CM15-0013028		
Date Assigned:	02/02/2015	Date of Injury:	04/16/2001
Decision Date:	05/11/2015	UR Denial Date:	01/10/2015
Priority:	Standard	Application Received:	01/22/2015

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: California
 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 a 50-year-old male who reported injury on 04/16/2012. The mechanism of injury was stepping off a truck resulting in acute onset of right knee pain. His diagnoses included status post right knee autologous chondrocyte implantation. His past treatments have included pain medication and physical therapy. Diagnostic studies have included MRIs on 06/27/2014 that indicated an intact prior anterior cruciate ligament graft with grade 3 chondromalacia of the weight-bearing surface of the medial femoral condyle, as well as grade 4 fissuring to the dorsal aspect of the lateral femoral condyle with significant underlying patellofemoral chondromalacia. His surgical history included a previous history of a right knee anterior cruciate ligament reconstruction in 2012, and arthroscopy and debridement with high tibial osteotomy with open tubercle osteotomy and autologous chondrocyte implantation (ACI) of the medial femoral condyle and trochlear groove, with lateral retinacular release of the right knee on 03/08/2013. The injured worker had complaints of pain to his right knee that comes and goes. The right knee swells if he does anything physical with his right knee. The right knee catches, and the injured worker limps all the time. His medications include Percocet. On physical exam, it was noted the injured worker was able to squat only 20% of normal with right knee pain. Active knee range of motion was measured in extension at 15 degrees, flexion at 108 degrees. His treatment plan included additional treatments such as injections, medications, and eventually a knee replacement. The rationale for the request was not included. The Request for Authorization form was signed and dated 01/16/2015 in the medical records.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-Surgical Phenergan 25mg #30: 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.

Lovenox 40mg; injectable (21-days for the right knee): 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 Physical Therapy (3 times a week for 8 weeks, for the right knee): 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: 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.

Post-Surgical Celebrex 200mg #60: 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-Surgical Keflex 550mg #28: 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: EXOGEN Bone Growth Stimulator: 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.

Right Knee Arthroscopy: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg, Diagnostic arthroscopy.

Decision rationale: The request for right knee arthroscopy is not medically necessary. The Official Disability Guidelines state that second look arthroscopy is only recommended in case of complications from OATS or ACI procedures, to assess how the repair is healing, or in individual cases that are ethically defensible for scientific regions, only after thorough and fully informed consent procedure. As this surgery has been tried and failed in the past, the request for right knee arthroscopy is not supported by the guidelines. The request for right knee arthroscopy is not medically necessary.

Associated Surgical Service: CPM Unit (21-day rental): 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: Game Ready Cryotherapy Unit (14-day rental): 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.