

Case Number:	CM15-0110450		
Date Assigned:	06/17/2015	Date of Injury:	04/04/2013
Decision Date:	09/04/2015	UR Denial Date:	05/08/2015
Priority:	Standard	Application Received:	06/08/2015

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 45 year old male who sustained an industrial injury on 4/4/13 due to cumulative trauma to his lumbar spine and right knee. When he was medically evaluated he had developed left knee pain due to overcompensating for the right. He received possibly a Synvisc injection into the right knee to help alleviate his pain enough for him to continue working. On 12/14/13 he had an MRI of the right knee showing a significant small tear of the free edge of the posterior horn of the medial meniscus and MRI of the lumbar spine showing mild degenerative changes. X-rays (7/24/14) of the lumbar spine showed spurring and narrowing of the interspace and x-ray of the right knee showed an osteochondroma of the femur. He currently complains of continued intermittent low back pain with radiation to both legs. His pain level is 5/10. He awakens at night with the back pain. In addition he complains of constant, sharp right knee pain with a pain level of 8/10. He has numbness and tingling along with popping. He also has intermittent left knee pain with popping, numbness and tingling with radiation into the left foot and a pain level of 6/10. His activities of daily living are limited in the areas of sleep; he has anxiety which is preventing normal functioning and sex. On physical exam of the lumbar spine the injured worker has an antalgic gait, there was tenderness on palpation over the spinous process at L5-S1, slight tenderness on palpation and spasm over the lumbar paravertebral, gluteal and piriformis muscles, bilateral sacroiliac joint tenderness and bilateral sciatic notch tenderness. There was decreased range of motion. The right knee exhibits atrophy in the right thigh/ calf muscles; he uses a right knee brace; there was tenderness on palpation and crepitus and positive McMurray's sign; decreased range of motion. He uses a cane for ambulation. Medications are

Tramadol, omeprazole, Advil. Diagnoses include oblique tear of the posterior horn of the medial meniscus; disc degeneration; status post left rotator cuff repair. In the progress note dated 4/30/15 the treating provider's plan of care includes request for right knee surgery, chondroplasty of the medial joint and partial meniscectomy; post-operative physical therapy, 12 sessions; Surgi-stimmuti-modality stimulator; continuous passive motion unit; cold therapy, crutches and knee brace; pre-operative medical clearance.

IMR ISSUES, DECISIONS AND RATIONALES

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

Associated surgical service: Crutches 1 pair: 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: Continuous passive motion machine unit 30 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: Cold therapy 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.

Associated surgical service: Right 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.

Right knee arthroscopy with chondroplasty of the medial joint space and partial lateral meniscectomies: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343-345.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 344-345. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg, meniscectomy.

Decision rationale: CAMTUS/ACOEM Chapter 13 Knee Complaints, pages 344-345, states regarding meniscus tears, 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 (locking, popping, giving way, recurrent effusion). According to ODG Knee and Leg section, Meniscectomy section, states indications for arthroscopy and meniscectomy include attempt at physical therapy and subjective clinical findings, which correlate with objective examination and MRI. In this case the exam notes from 4/30/15 do not demonstrate evidence of adequate course of physical therapy or other conservative measures. Therefore the determination is not medically necessary.

Pre-op clearance: 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-op physical therapy x 12 sessions: 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: Surgistim multi-modality stimulator unit x 30 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.