

Case Number:	CM15-0118454		
Date Assigned:	07/01/2015	Date of Injury:	02/01/2012
Decision Date:	09/21/2015	UR Denial Date:	05/14/2015
Priority:	Standard	Application Received:	06/18/2015

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 60 year old male, who sustained an industrial injury on 02/01/2012. He has reported subsequent bilateral knee, low back, bilateral shoulder and neck pain and was diagnosed with left shoulder impingement, left knee lateral meniscus tear, multilevel cervical facet arthropathy, cervical central stenosis, cervical neural foraminal narrowing, multilevel herniated nucleus pulposus of the lumbar and thoracic spine, bilateral shoulder subacromial bursitis and impingement and left knee chondromalacia of the patella. MRI of the lumbar spine dated 03/25/2013 was noted to show degenerative disc disease and facet arthropathy with retrolisthesis of L4-L5 and L5-S1, canal stenosis of L4-L5 and neural foraminal narrowing at L3-L4, L4-L5 and L5-S1. Treatment to date has included medication, physical therapy, application of heat and ice and surgery. The documentation shows that the injured worker had been prescribed Hydrocodone for pain as far back as 2007. In a progress note dated 03/31/2015, the injured worker complained of bilateral knee, low back, shoulder and neck pain. Low back and shoulder pain was rated as 7/10. Objective findings were notable for tenderness of the left shoulder with diffuse motor deficit of the left upper extremity, favoring the right lower extremity with ambulation, difficulty arising from a seated position, tenderness of the left knee with effusion, pain with range of motion of the knee and tenderness of the cervical spine. A request for authorization of left knee arthroscopy, associated surgical services including pre-operative EKG, UA/reflex culture, CMP,eGFR, PT,CBC/differential, APTT, ABO/RH and outpatient surgery center as well as requests for Hydrocodone 10 mg #60 and MRI of the lumbar spine were submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left knee arthroscopy: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 347.

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 and 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 3/31/15 do not demonstrate evidence of adequate course of physical therapy or other conservative measures. In addition there is lack of evidence in the cited records of meniscal symptoms such as locking, popping, giving way or recurrent effusion. Therefore the request is not medically necessary.

Associated surgical service: preop EKG: 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: preop UA/RfICul: 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: preop CMP/eGR, PT, CBC/differential, APTT, ABO/Rh: 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: outpatient surgery center: 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.

Hydrocodone 10 mg #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.

MRI - lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

Decision rationale: According to CA MTUS/(ACOEM), 2nd edition (2004), page 303, Low Back Complaints, Chapter 12, which is part of the California Medical Treatment Utilization Schedule. It states, unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. Indiscriminant imaging will result in false-positive

findings, such as disk bulges, that are not the source of painful symptoms and do not warrant surgery. If physiologic evidence indicates tissue insult or nerve impairment, the practitioner can discuss with a consultant the selection of an imaging test to define a potential cause (magnetic resonance imaging [MRI] for neural or other soft tissue, computed tomography [CT] for bony structures). In this particular patient there is no indication of criteria for an MRI based upon physician documentation or physical examination findings from the exam note of 3/31/15. There is no documentation nerve root dysfunction or failure of a treatment program such as physical therapy. Therefore the request of the MRI of the lumbar spine is not medically necessary and appropriate.