

Case Number:	CM15-0123018		
Date Assigned:	07/07/2015	Date of Injury:	04/11/2013
Decision Date:	09/23/2015	UR Denial Date:	06/19/2015
Priority:	Standard	Application Received:	06/25/2015

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 42 year old male, who sustained an industrial injury on April 11, 2013, incurring right knee injuries after falling and twisting the knee. He was diagnosed with chondromalacia patella of the right knee; a medial meniscus tear and lateral meniscus tear and right lower leg radiculitis. The injured worker underwent a surgical meniscectomy of the right knee. Treatments included physical therapy, anti-inflammatory drugs, topical analgesic gel and patches, use of a cane, pain medications, and work modifications. Currently, 6/9/15, the injured worker complained of persistent right knee pain with inability to extend or flex the knee and lower back pain. He complained his pain was worse while walking, standing, bending, running and lifting. He was limited to activities of daily living. He was diagnosed with a lumbosacral strain and osteoarthritis of the right knee. The treatment plan that was requested for authorization included manipulation under general anesthesia with corticosteroid injection in the right knee, injection into the tendon, post-operative physical therapy, pre-operative, laboratory testing, pre-operative electrocardiogram, and a prescription for Tylenol with Codeine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Manipulation under general anesthesia with corticosteroid injection in the right knee:

Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee & Leg, Manipulation under anesthesia (MUA).

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, Manipulation under anesthesia.

Decision rationale: CA MTUS/ACOEM Guidelines are silent on the issue of manipulation under anesthesia. Per the ODG Knee and Leg, Manipulation under anesthesia is recommended as an option for treatment of arthrofibrosis (an inflammatory condition that causes decreased motion) and/or after total knee arthroplasty. MUA of the knee should be attempted only after a trial (six weeks or more) of conservative treatment (exercise, physical therapy and joint injections) have failed to restore range of motion and relieve pain, and a single treatment session would then be recommended, not serial treatment sessions of the same bone/joint subsequently over a period of time. Following total knee arthroplasty, some patients who fail to achieve less than 90 degrees of flexion in the early perioperative period, or after six weeks, may be considered candidates for manipulation of the knee under anesthesia. In this case there is insufficient evidence of failure of conservative management in the notes submitted from 6/9/15. In addition the claimant has greater than 90 degrees of flexion. Until a conservative course of management has been properly documented, the request is not medically necessary.

Injection (tendon sheath/ligament): 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, Manipulation under anesthesia.

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

Post-operative physical therapy 3x4: Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 25.

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

Pre-operative CBC: 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, Low Back, Preoperative testing.

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

Pre-operative BMP: 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, Low Back, Preoperative testing.

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

Preoperative EKG: 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, Low Back, Preoperative testing.

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

Tylenol/COD tab #3: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 80.

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

