MAXIMUS Federal Services

Case Number:	CM15-0147416		
Date Assigned:	08/10/2015	Date of Injury:	08/25/2014
Decision Date:	10/13/2015	UR Denial Date:	07/16/2015
Priority:	Standard	Application Received:	07/29/2015

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 sustained a work related injury August 25, 2014, from a motor vehicle accident with concussion headaches, whiplash of the neck, stretch injury to the low back and twisting injury to the right knee. Electrodiagnostic studies performed April 9, 2015, (report present in the medical record) revealed bilateral median neuropathy localized across the wrists consistent with bilateral moderate carpal tunnel syndrome; left chronic C6 radiculopathy. AN MRI of the lumbar spine performed May 12, 2015,(report present in the medical record) revealed multilevel degenerative disc disease and facet hypertrophy; L4-5 mild to moderate narrowing of the lateral recesses, mild narrowing of the thecal sac, and mild bilateral neural foraminal narrowing; L5-S1 mild to moderate bilateral neural foraminal narrowing and mild bilateral lateral recess narrowing; L2-3 mild narrowing of the left neural foramen; 2.5 mm disc protrusion L1-2 does not visibly impinge. An MRI of the left shoulder, performed May 11, 2015 (report present in the medical record) revealed anteroinferior glenoid labral tear with ganglion cyst formation; Hill-Sachs lesion and cystic changes; low-grade intrasubstance tears of the supraspinatus and infraspinatus tendons at and neat the footprint, on a background of mild tendinosis (refer to report). MRI of the right shoulder performed May 11, 2015, report is present in the medical record. An MRI of the cervical spine, performed April 14, 2015, revealed a 3 mm disc protrusion C6-C7 with some degenerative changes. According to a primary treating physician's progress report, dated May 13, 2015, the injured worker presented with neck pain rated 4 out of 10. Physical examination reveals normal posture of the head and neck without sideways tilt. Range of motion of the neck is limited with pain and he is unable to place his chin on his chest in flexion or look directly above in extension from a sitting position.

Spurling's test is positive, Adson test negative and wall push-off test for winging of the scapulae is negative. The right knee is soft and tender at the medial joint line without effusion. Patellofemoral tenderness is noted with a positive patellar tap test. Diagnoses are post-concussion headaches; neck pain with whiplash and radiculopathy into the left upper extremity; blunt trauma and twisting injury to the right knee; torn medial meniscus of the right knee based on scan #3; stretch injury to the lower back; tendinitis of the rotator cuff at each shoulder per MRI scan. At issue, is the request for authorization for arthroscopy and meniscectomy of the right knee; pre-operative medical clearance; CBC(complete blood count); CMP(comprehensive metabolic panel); urinalysis; chest x-ray; electrocardiogram; ibuprofen; Norco; consultation with anesthesiologist and post-operative physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Arthroscopy and meniscectomy of the right knee: Upheld

Claims Administrator guideline: Decision based on MTUS Knee Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Knee Complaints 2004, Section(s): Surgical Considerations. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg, Meniscectomy section.

Decision rationale: The CA MTUS/ACOEM Chapter 13 Knee Complaints, states 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 the ODG Knee and Leg section, Meniscectomy section, 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 5/13/15 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.

Pre-operative medical 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.

Associated surgical service: CBC: 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: CMP: 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: Urinalysis: 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: Chest x-ray: 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: Electrocardiogram (ECG): 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.

Ibuprofen 800mg every 12 hours #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs).

Decision rationale: According to the CA/MTUS Chronic Pain Medical Treatment Guidelines, NSAIDs, specific are for recommended at the lowest dose for the shortest period in patients with moderate to severe pain. Acetaminophen may be considered for initial therapy for patients with mild to moderate pain, and in particular, for those with gastrointestinal, cardiovascular or renovascular risk factors. NSAIDs appear to be superior to acetaminophen, particularly for patients with moderate to severe pain. There is no evidence to recommend one drug in this class over another based on efficacy. In particular, there appears to be no difference between traditional NSAIDs and COX-2 NSAIDs in terms of pain relief. The main concern of selection is based on adverse effects. COX-2 NSAIDs have fewer GI side effects at the risk of increased cardiovascular side effects, although the FDA has concluded that long-term clinical trials are best interpreted to suggest that cardiovascular risk occurs with all NSAIDs and is a class effect (with naproxen being the safest drug). There is no evidence of long-term effectiveness for pain or function. There is insufficient evidence from the note of 5/13/15 to support functional improvement on Ibuprofen or osteoarthritis to warrant usage. Therefore, the request is not medically necessary.

Norco 10/325mg every 8 hours #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain.

Decision rationale: According to the CA MTUS/Chronic Pain Medical Treatment Guidelines, opioids should be continued if the patient has returned to work and the patient has improved functioning and pain. Based upon the records reviewed there is insufficient evidence to support chronic use of narcotics. There is lack of demonstrated functional improvement, percentage of relief, demonstration of urine toxicology compliance or increase in activity from the exam note of 5/13/15. Therefore, the request is not medically necessary.

Associated surgical service: Consultation with Anesthesiologist: 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 for the Right Knee (12-sessions, 2 times a week for 6 weeks): 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.