

Case Number:	CM15-0168484		
Date Assigned:	09/14/2015	Date of Injury:	04/10/2014
Decision Date:	11/12/2015	UR Denial Date:	07/29/2015
Priority:	Standard	Application Received:	08/27/2015

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, Indiana, Oregon
 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 56-year-old female who sustained an industrial injury on 04-10-2014. Diagnoses include cervical spine strain, lumbar spine strain, and pain in the knee-patellofemoral syndrome. A physician progress note dated 06-25-2015 documents the injured worker is awaiting authorization for lumbar epidurals, Magnetic Resonance Imaging of the left knee, right knee arthroscopy, and will continue with medications and transdermal ointment. Current listing of medications was not present. A physician progress note dated 05-14-2015 documents the injured worker is not sleeping at night, she sleeps during the day. She complains of cramping-needle sensation in her bilateral knees, shooting pain in her bilateral extremities and is using a cane. On 04-16-2015, the injured worker complains of right knee pain, but motion is better, completed 12 sessions of physical therapy. There was no documentation of objective findings present. She continues with right knee pain, lumbar spine and left knee pain. She uses a cane to ambulate. Medications renewed with this visit include Tramadol, Flexeril and transdermal ointment. Treatment to date has included diagnostic studies, medications, and physical therapy. She is not working. On 07-22-2014, a Magnetic Resonance Imaging of the lumbar spine revealed mild multilevel degenerative disc disease and facet arthropathy. There are multiple areas of disc protrusion with degenerative changes of the facet joints. L4-5 shows moderated bilateral neural foraminal stenosis. Magnetic Resonance Imaging of the right knee done on 05-16-2015 showed moderate strain-sprain of the proximal and mid MCL, degeneration at the anterior horn lateral meniscus and areas of partial thickness chondromalacia patella, and a small posteromedial popliteal cyst. There is a RFA present and dated 06-11-2015. On 07-29-2015 Utilization Review

non-certified the requested treatment right knee arthroscopy. Additionally the UR dated 07-29-2015 non-certified the request for pre-op medical clearance, post-op physical therapy right knee 2 times a week for 6 weeks, associated surgical service: Magnetic Resonance Imaging left knee, and associated surgical service: lumbar epidural times 3.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right knee arthroscopy: 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 Chapter.

Decision rationale: According to the CA MTUS/ACOEM Practice Guidelines, 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). The Official Disability Guidelines, 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 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-op 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.

Post-op physical therapy, 2 times a week for 6 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.

Lumbar epidural (#3): 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): Epidural steroid injections (ESIs).

Decision rationale: According to the CA MTUS Chronic Pain Medical Treatment Guidelines, epidural steroid injections are recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy). Specifically the guidelines state that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. In addition, there must be demonstration of unresponsiveness to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants). In this case, the exam notes cited do not demonstrate a failure of conservative management nor a clear evidence of a dermatomal distribution of radiculopathy. Therefore, the request is not medically necessary.

MRI of the Left knee: Upheld

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

MAXIMUS guideline: Decision based on MTUS Knee Complaints 2004, Section(s): Special Studies.

Decision rationale: The CA MTUS/ACOEM Guidelines, states that special studies are not needed to evaluate knee complaints until conservative care has been exhausted. The clinical information submitted for review does not demonstrate that a period of conservative care has been performed to meet CA MTUS/ACOEM guideline criteria for the requested imaging. The request for knee MRI is therefore not medically necessary and appropriate.