MAXIMUS Federal Services

Case Number:	CM15-0170447		
Date Assigned:	09/17/2015	Date of Injury:	10/26/2002
Decision Date:	11/09/2015	UR Denial Date:	07/29/2015
Priority:	Standard	Application Received:	08/29/2015

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, 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 50-year-old female with an industrial injury dated 10-26-2002. A review of the medical records indicates that the injured worker is undergoing treatment for severe bicompartmental osteoarthritis of left knee, degenerative left knee medial meniscus tear, status post open reduction internal fixation (ORIF) patellofemoral fracture, sever right hip osteoarthritis status post previous open reduction internal fixation (ORIF) by anterior and posterior columns, lumbar disk disease, history of chronic renal failure on dialysis, history of hysterectomy in 2009, left lower extremity radiculopathy and weakness and history of lateral femoral cutaneous nerve palsy after acetabular surgery. Treatment consisted of diagnostic studies, prescribed medications, and periodic follow up visits. Medical records (12-20-2007 to 7-01-2015) indicate chronic left knee pain. In a progress note dated 04-01-2015, the injured worker reported that the left knee pain has become severe and worse. Left knee exam (04-01-2015) revealed medial joint line tenderness, patellofemoral crepitus and pain with hyperflexion. According to the progress note dated 07-01-2015, the injured worker reported continued discomfort with the left knee. The treating physician reported that the Magnetic Resonance Imaging (MRI) dated 4-23-2015 revealed severe medial and patellofemoral compartment osteoarthritis with evidence of meniscal tear and evidence of hardware in patella. Objective findings (07-01-2015) revealed medial and lateral joint line tenderness and patellofemoral crepitus. The treating physician prescribed services for left knee arthroscopy, chondroplasty, partial meniscectomy and removal of hardware, medical clearance with Nephrologist, Pre-operative labs, Chem 12, Pre-operative labs, Complete blood count (CBC), Hemoglobin, A1C,

Vitamin D 25-OH, Pre-operative EKG, Post-operative cold therapy unit purchase or 30 day rental and Post-operative physical therapy x 8 now under review. The original utilization review (07-29-2015) non-certified the request for left knee arthroscopy, chondroplasty, partial meniscectomy and removal of hardware, medical clearance with Nephrologist, Pre-operative labs, Chem 12, Pre-operative labs, Complete blood count (CBC), Hemoglobin, A1C, Vitamin D 25-OH, Pre-operative EKG, Post-operative cold therapy unit purchase or 30 day rental 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:

Left knee arthroscopy, chondroplasty, partial meniscectomy and removal of hardware: 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: The CA MTUS/ACOEM Guidelines states that 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); clear signs of a bucket handle tear on examination (tenderness over the suspected tear but not over the entire joint line, and perhaps lack of full passive flexion); and consistent findings on MRI. The ACOEM guidelines state that, arthroscopy and meniscus surgery may not be equally beneficial for those patients who are exhibiting signs of degenerative changes. According to Official Disability Guidelines, arthroscopic surgery for osteoarthritis is not recommended. Arthroscopic lavage and debridement in patients with osteoarthritis of the knee is no better than placebo surgery, and arthroscopic surgery provides no additional benefit compared to optimized physical and medical therapy. In this case, the MRI demonstrates osteoarthritis of the knee without clear evidence of meniscus tear. As the patient has significant osteoarthritis, the request is not medically necessary.

Medical clearance with Nephrologist: 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.

Pre-operative labs, Chem 12: Upheld

Pre-operative labs, Chem 12: 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.

Pre-operative labs, Complete blood count (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.

Pre-operative labs, Hemoglobin: 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.

Pre-operative labs, A1C: 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.

Pre-operative labs, Vitamin D 25-OH: 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.

Pre-operative 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.

Post-operative cold therapy unit purchase or 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.

Post-operative physical therapy (8-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.