

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM15-0178124 | | |
| Date Assigned: | 09/28/2015 | Date of Injury: | 09/19/2011 |
| Decision Date: | 12/01/2015 | UR Denial Date: | 09/04/2015 |
| Priority: | Standard | Application Received: | 09/10/2015 |

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: New York, Montana, California
 Certification(s)/Specialty: Neurological 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 68 year old female, who sustained an industrial injury on 09-19-2011. A review of the medical records indicates that the injured worker (IW) is undergoing treatment for internal derangement of the bilateral knees. Medical records (04-16-2015 to 08-26-2015) indicate ongoing bilateral knee pain. Pain levels were not consistently assessed. Records also indicate the IW is limited in kneeling and squatting, can stand or walk for no longer than 15 minutes, and has ended up in the emergency room on multiple occasions due to severe knee pain. Per the treating physician's progress report (PR), the IW was not working. The physical exam, dated 08-26-2015, revealed exquisite tenderness along the medial joint lines bilaterally with effusion on the right knee with McMurray test being positive bilaterally with weakness to resisted function, but overall good motion. Some quadriceps atrophy is noted bilaterally. There was no significant changes from previous exam dated 07-23-2015. Relevant treatments have included work restrictions, injections with reported improvement, and pain medications. The treating physician indicates that MRIs of both knees showed medial meniscus tears bilaterally with patellofemoral involvement; and standing x-rays of the knees showed 1mm of articular surface remaining laterally and 2mm remaining medially on the right knee. Additionally, standing x-rays of the left knee revealed 2mm articular surface remaining medially and 3mm laterally. The request for authorization (08-26-2015) shows that the following surgical procedure, and pre-operative and post-operative services were requested: left knee arthroscopy, synovectomy and meniscectomy, pre-op clearance, pre-op history and physical, pre-op laboratory testing (CBC & CMP), pre-op EKG, pre-op chest x-ray, associated services: Polar care unit rental for 21 days, aluminum crutches, and braces and wraps-ELS brace, Augmentin 875-125mg #40, gabapentin (Neurontin) 600mg #180, and ondansetron (Zofran) 8mg #20. The original utilization review (09-04-2015) non-certified the request for left knee arthroscopy, synovectomy and meniscectomy and associated pre-op and post-op services.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left knee operative arthroscopy, synovectomy and meniscectomy: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee replacement chapter-arthroscopic surgery for osteoarthritis.

Decision rationale: The ODG guidelines note in the criteria for arthroscopic meniscectomy that Objective Clinical Findings (at least two): Positive McMurray's sign, Joint line tenderness, Effusion, Limited range of motion, Locking, clicking, or popping or Crepitus be found. In addition, there would be a failure of supervised physical therapy and a home exercise program along with medication and activity modification with a meniscal tear found on MRI scan. The documentation does not present this evidence for the left knee. The requested treatment: Left knee operative arthroscopy, synovectomy and meniscectomy is not medically necessary and appropriate.

Pre op 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: As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.

Pre op H&P: 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: As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.

Pre op 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: As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.

Pre op 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: As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.

Pre op 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: As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.

Pre op 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: As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.

Associated surgical service: Polar care for 21 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: As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.

Associated surgical service: Crutches (Aluminum): 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: As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.

Associated surgical service: Braces/wraps- ELS brace: 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: As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.

Amox-clavulanate (Augmentin) 875/125, #40: 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: As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.

Gabapentin (Neurontin) 600mg #180: 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: As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.

Ondansetron (Zofran) 8mg #20: 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: As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.