

Case Number:	CM15-0179409		
Date Assigned:	09/21/2015	Date of Injury:	05/29/2014
Decision Date:	11/13/2015	UR Denial Date:	08/28/2015
Priority:	Standard	Application Received:	09/11/2015

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, California

Certification(s)/Specialty: Emergency Medicine

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 52-year-old male, with a reported date of injury of 05-29-2014. The diagnoses include osteoarthritis of the right knee with multiple loose bodies. Treatments and evaluation to date have included physical therapy for the right knee, extensive synovectomy, removal of three large loose bodies from the suprapatellar pouch, partial medial meniscectomy and chondroplasty of the lateral femoral condyle on the right knee on 05-20-2015, two non-steroidal anti-inflammatory drugs (NSAID), Voltaren, and Mobic. The diagnostic studies to date have included an MR Arthrogram of the right knee on 05-07-2015 which showed a Baker's cyst with internal multiple calcifications, swelling of the Hoffa's fat pad and suprapatellar region with a small joint effusion, severe degenerative changes of the knee joint with multiple areas of osteophyte formation and chondromalacia, and thickening of the medial patellar retinaculum; and a RF Arthrogram of the right knee on 05-07-2015 with normal findings. The medical report dated 08-05-2015 indicates that the injured worker had not made any improvement since the last visit. He had tried two non-steroidal anti-inflammatory drugs, Voltaren, and Mobic, but had not really had "any real progress". It was noted that the injured worker still had a large amount of swelling. The treatment plan included an injection of Celestone and Lidocaine into the knee and a change from his NSAID medication to Celebrex. According to the treating physician, the injured worker was going to remain disabled and stop physical therapy. It was noted that the injured worker was not improving on his range of motion and that it was possible that he may have to have an arthroscopic debridement as well as a closed manipulation of his knee. The medical report dated 07-07-2015 indicates that since the last visit, the injured worker picked up approximately 10 degrees; and he lacked 10 degrees of full extension and flexion was to 75 degrees after he was

warmed up. The request for authorization was dated 08-16-2015. The treating physician requested right knee diagnostic and operative arthroscopic meniscectomy versus repair, possible debridement, synovectomy, and, or chondroplasty with closed manipulation under general anesthesia; twelve post-operative physical therapy sessions for the right knee; thirty-day rental of a continuous passive motion (CPM) unit for the right knee; Celebrex 200mg, and a fourteen-day rental of a cold therapy unit for the right knee. On 08-31- 2015, Utilization Review (UR) non-certified the request for right knee diagnostic and operative arthroscopic meniscectomy versus repair, possible debridement, synovectomy, and, or chondroplasty with closed manipulation under general anesthesia; twelve post-operative physical therapy sessions for the right knee; thirty-day rental of a continuous passive motion (CPM) unit for the right knee; Celebrex 200mg, and a fourteen-day rental of a cold therapy unit for the right knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

Arthroscopic Meniscectomy Versus, Repair, Possible Debridement, Synovectomy and /or Chondroplasty with closed manipulation of right knee under general anesthesia: 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 rationale: According to the above referenced guidelines, meniscus tears are successfully treated with surgery when 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. However, patients suspected of having meniscal tears, but without progressive or severe activity limitation, can be encouraged to live with symptoms to retain the protective effects of the meniscus." The submitted documentation does not support the recommendations within these guidelines. There is no documentation of locking, popping or giving away. There is no documentation of tenderness over the joint line and the MRI does not support a meniscal tear. Without the support of the documentation, the request is not medically necessary.

Post operative Physical therapy, right knee, 12 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.

Associated surgical services; Continuous Passive Motion (CPM Unit), right knee, 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.

Associated surgical services; Cold therapy unit, right knee, 14-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.

Celebrex 200mg, #60, 0 refills (retrospective dos 8/26/15): 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), NSAIDs, specific drug list & adverse effects.

Decision rationale: Per the MTUS for chronic pain, page 60, medications should be trialed one at a time, and there should be functional improvement with each medication. No reports show any specific functional benefit. NSAIDs are "recommended at the lowest dose for the shortest period in patients with moderate to severe pain." Systemic toxicity is possible with NSAIDs. Celecoxib has an elevated cardiovascular risk profile. The treating physician has not provided the specific indications for this NSAID over those with a better cardiovascular profile. The IW has been on this medication for a minimum of 6 months. There is little documentation of functional improvement while taking this medication. Celebrex is not medically necessary based on the lack of sufficient and specific functional and symptomatic benefit, and prescription not in accordance with the MTUS guidelines.