

Case Number:	CM15-0031448		
Date Assigned:	03/26/2015	Date of Injury:	04/02/2014
Decision Date:	05/11/2015	UR Denial Date:	01/22/2015
Priority:	Standard	Application Received:	02/19/2015

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, Sports 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 56-year-old female who reported an injury on 04/02/2014. A prior request had been made for custom knee brace, right knee arthroscopy with medial and lateral meniscectomy and chondroplasty, preop evaluation by internal medicine physician, assistance surgeon, postoperative physical therapy x12, crutches, ice machine, postoperative medication (Vicodin) and a urine toxicology screen on 01/15/2015. The request had been denied as knee arthroscopy and debridement for arthritic knees is not indicated or supported by literature. The custom knee brace was not supported as there was no indication that the injured worker would be stressing her knee under load and did not have any instability identified on examination. Therefore, the ancillary requests for physical therapy postoperative, assistant surgeon, crutches, ice machine and postoperative Vicodin were non-certified and regarding the urine toxicology screen, there was no risk of aberrant behaviors while taking tramadol to necessity the urine drug screen at that time. An MRI of the right knee had been performed on 06/13/2014, which had identified extensive degenerative tear of the lateral meniscus, with tear of the posterior horn of the medial meniscus and tricompartmental chondromalacia and osteoarthritis, particularly pronounced in the lateral compartment, as well as trace joint effusion. Prior treatments included 9 out of 12 sessions of aquatic therapy and modified duty.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Knee Arthroscopy, Medial and Lateral Meniscectomy and Chondroplasty:
Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee and Leg Chapter, Meniscectomy.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints
Page(s): 343-345.

Decision rationale: With the injured worker having failed conservative modalities to include physical therapy and injections and with the MRI identifying significant tearing of the meniscus, as well as tricompartmental chondromalacia and osteoarthritis, the requested surgical intervention would be considered medically appropriate. The guidelines have indicated that injured workers who have failure to progress despite conservative treatment, activity limitation for more than 1 month, would be surgical candidates. Therefore, after review of the clinical documentation and in reference to the medical guidelines, the requested surgery is medically appropriate and is certified.

Assistant Surgeon: Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Surgical Assistant.

Decision rationale: According to the Official Disability Guidelines, with the injured work having been authorized for the primary surgical procedure, a surgical assistant would be considered medically appropriate. An assistant can stabilize the injured worker's extremity or reposition it as needed while undergoing the operative repair. Therefore, after review of clinical documentation and in reference to the Official Disability Guidelines, the requested assistant surgeon is medically necessary.

Pre-Operative Evaluation by Internal Medicine Physician: Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Preoperative Testing, General.

Decision rationale: According to the Official Disability Guidelines, with the injured worker authorize for the primary surgical procedure, a preoperative evaluation by internal medicine physician would be considered appropriate. It is noted under the guidelines that alternative to preoperative testing be a history and physical examination to address any pre, peri and postoperative expectations. Therefore, after review of the clinical documentation and in reference to the Official Disability Guidelines, the requested service is considered medically necessary.

Post-Operative Physical Therapy; twelve (12) sessions (2x6) to begin four weeks after surgery: Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: Under the California MTUS Post Surgical Rehabilitation Guidelines, although injured workers are supported for up to 12 sessions of postoperative physical therapy following a meniscal repair, the request exceeds the recommendations for initial physical therapy sessions. The guidelines indicate that half the allowed number of sessions should be completed to allow for interval reassessment prior to requesting additional visits. Therefore, although the injured worker has been authorized for the primary surgical procedure, the current request for postoperative physical therapy x12 sessions would be considered not medically necessary.

Custom Knee Brace: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints
Page(s): 339-340.

Decision rationale: According to the California MTUS/ACOEM Guidelines, without the injured worker having been identified as having instability or necessitating placing the knee under load, a knee brace used postoperatively would not be considered medically appropriate. The guidelines only indicate that this type of DME is appropriate for injured workers who have patellar instability or ACL or MCL tears and for injured workers who will be utilizing it while performing activities such as climbing ladders or carrying boxes. However, without clinical documentation that the injured worker will be necessitating a brace for any of the above situations, the requested service is not medically necessary.

Crutches: Overturned

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints
Page(s): 339-340.

Decision rationale: Under the California MTUS/ACOEM Guidelines, with the patient having been authorized for the primary surgical procedure, a short duration of use of crutches would be considered appropriate during the initial rehabilitation phase, by preventing direct weight bearing on the affected extremity, the injured worker will be able to ambulate more pain free than without the use of the assistive device. Crutches allow for partial weight-bearing with the affected leg on the floor and with the weight distributed between crutches and leg. Therefore, after review of the clinical documentation and with the authorization of the meniscectomy and chondroplasty, the ancillary request for crutches is considered medically necessary.

Ice Machine: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg Chapter, Continuous Flow Cryotherapy.

Decision rationale: According to the Official Disability Guidelines, although postoperative icing may be appropriate after undergoing a meniscectomy and chondroplasty, there was no rationale for the injured worker to necessitate an ice machine. Furthermore, the physician has failed to indicate the duration of use for this type of device. The guidelines only support up to 7 days of postoperative use including in home. Therefore, although the injured worker has been authorized for the primary surgical procedure, the ancillary request for ice machine is not considered medically necessary.

Post-Operative Vicodin: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids
Page(s): 74-96.

Decision rationale: According to the California MTUS Guidelines, although use of an opioid postoperatively may be considered appropriate, the physician has failed to indicate the total number of tablets and milligrams to be dispensed to the injured worker. Medical guidelines require the specific milligram and frequency and duration of use, as well as the total number of tablets prior to authorization of any type of narcotic. Therefore, although the injured worker has been authorized for the primary surgical procedure, the ancillary request for postoperative Vicodin cannot be supported and is not medically necessary.

UTS (Urine Toxicology Screen): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, screening for risk of addiction (tests). Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter, Urine Drug Testing (UDT).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Urine Drug Screen Page(s): 43, 89.

Decision rationale: Although a urine toxicology screen may be considered appropriate prior to use of any type of narcotic and prior to an orthopedic procedure, there was no rationale stated for why the injured worker was undergoing the urine toxicology screen. The CAMTUS guidelines support the use of urine toxicology screening before an injured worker utilizes an opioid to determine any aberrant drug taking behaviors. However, without authorization for the postoperative Vicodin, the ancillary request for a urine toxicology screen is not considered medically necessary.