MAXIMUS Federal Services

Case Number:	CM15-0043373		
Date Assigned:	04/13/2015	Date of Injury:	08/16/2010
Decision Date:	05/26/2015	UR Denial Date:	02/24/2015
Priority:	Standard	Application Received:	03/09/2015

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 66-year-old male, who sustained an industrial injury on 08/16/2010. The diagnoses included fracture of the right thumb with ulnar collateral ligament tear and right knee internal derangement and right knee degenerative joint disease. Treatment to date has included conservative care, medications, x-rays, surgery to the right hand, conservative therapies, ultrasound, MRIs, and injections. The injured worker presented on 02/05/2015 for an orthotic evaluation with complaints of persistent pain involving the right knee. The injured worker also reported swelling, giving way, locking, and difficulty ascending and descending stairs. The injured worker had been previously treated with corticosteroid injections without long-term relief. The injured worker was placed on naproxen 550 mg in 10/2014. Upon examination, there is quadriceps weakness on the right, increased swelling of the right knee, limited extension, 120 degrees flexion, decreased tibial femoral rotation, exquisite tenderness in the medial and lateral facet of the right patella, pain with patella compression, exquisite tenderness over the body and posterior horn of the medial meniscus, exquisite tenderness over the body and posterior horn of the lateral meniscus, and a questionably positive McMurray's sign. Treatment recommendations included an arthroscopy of the right knee. Given the injured worker's age, the provider recommended preoperative medical clearance. A Request for Authorization form was then submitted on 02/05/2015. The official MRI of the right knee completed on 03/14/2012 was submitted for review, and revealed evidence of extensive and severe medial sided intrameniscal degenerative changes with a possibly underlying acute grade 3 intrameniscal tear involving the posterior horn, mild chronic ACL tear or sprain, moderately severe multicompartmental

degenerative joint disease, retropatellar effusion, 2 to 3 small lobulated fluid collections in the medial aspect of the popliteal fossa, and diffuse surrounding soft tissue edema with soft tissue varices.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Knee Arthroscopic Surgery (meniscectomy, chondroplasty, synovectomy, possible lateral release of the patella and possible removal of loose bodies and manipulation under anesthesia): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 344-5. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee & Leg (Acute & Chronic).

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

Decision rationale: The California MTUS/ACOEM Practice Guidelines state a referral for consultation may be indicated for patients who have activity limitation for more than 1 month and a failure of exercise programs. Arthroscopic and meniscus surgeries may not be equally beneficial for those patients who are exhibiting signs of degenerative changes. In this case, the injured worker underwent an MRI of the right knee on 03/14/2012, which confirmed moderately severe multicompartmental degenerative joint disease involving the medial joint compartment with joint space narrowing, sclerosis, eburnation, and spur formation. There was fluid in the joint space, and marked thinning and obliteration of the articular cartilage overlying the medial femoral condyle, and medial tibial plateau. There was also extensive subchondral sclerosis of the medial tibial plateau. In this injured worker with moderately severe multicompartmental degenerative joint disease, arthroscopic and meniscus surgery would not be supported. There was no recent MRI of the right knee provided. Given the above, the request cannot be determined as medically necessary at this time.

Pre-Operative Labs (CBC, Chem 12, PT, and PTT): 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 Urinalysis: 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 Chest X-Ray (PA and lateral): 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 Pulmonary Function Test: 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 Service: IFC Unit with Supplies (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 (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.

Post-Operative Acupuncture (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.