

Case Number:	CM15-0070572		
Date Assigned:	04/20/2015	Date of Injury:	02/27/2008
Decision Date:	06/25/2015	UR Denial Date:	03/13/2015
Priority:	Standard	Application Received:	04/14/2015

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: Illinois, California, Texas

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 52-year-old female who sustained an industrial injury on 2/27/08. Injury occurred when she was patrolling inside an office and tripped over a carpet. Past medical history was positive for asthma, hypertension, and depression/anxiety. Past surgical history was positive for cervical spine surgery on 6/26/12, left shoulder arthroscopy surgery on 6/11/12, and left knee arthroscopic surgery on 4/2/12. The 12/20/13 right knee MRI impression documented tricompartmental osteoarthritic changes, oblique tear of the posterior horn of the medial meniscus extending to the inferior articular surface, and joint effusions. Findings were consistent with intrasubstance degeneration of the lateral meniscus. The 12/20/13 left knee MRI documented tricompartmental osteoarthritis changes, joint effusion, diffuse chondromalacia patella, and globular increased signal intensity posterior horn of the medial meniscus. The 2/17/14 upper extremity electrodiagnostic study findings documented minimal to mild right carpal tunnel syndrome and bilateral chronic active C5/6 radiculopathy. The 7/28/14 orthopedic consult report cited frequent sharp, burning and stabbing bilateral wrist pain varying with activity and constant bilateral knee pain radiating to the hip ranging from grade 1/10 to 9/10. She also reported constant right shoulder, constant left thigh/hip pain, and tingling and weakness in both legs. Wrist/hand exam documented moderate to marked loss of range of motion due to pain. Bilateral knee exam documented moderate swelling, medial joint line tenderness, range of motion 0-100 degrees, and ambulation with a cane. The diagnosis included right wrist recurrent carpal tunnel syndrome, right knee medial meniscus tear, bilateral wrist sprain/strain, and bilateral knee osteoarthritis. The treatment recommendations indicated the injured worker was a

candidate for bilateral total knee arthroplasty in the future but not now. On 2/25/15, authorization was requested for arthroscopic exam of the right knee with partial medial meniscectomy, bilateral upper extremity EMG, and bilateral knee MRIs. The 3/12/15 utilization review non-certified the requests for left and right knee MRIs as there was no documentation of a change in medical condition to support the ordering of this scan. The request for bilateral upper extremity EMG was non-certified as there was no documentation of conservative treatment or physical exam findings relative to motor, sensory or provocative testing. The request for arthroscopic examination of the right knee with partial medial meniscectomy as there was no imaging evidence or clinical exam findings consistent with medial meniscus tear.

IMR ISSUES, DECISIONS AND RATIONALES

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

Associated surgical service: MRI (magnetic resonance imaging) of the left knee: 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: MRI's (magnetic resonance imaging).

Decision rationale: The California MTUS guidelines do not provide recommendations for repeat knee imaging. The Official Disability Guidelines state that MRI studies were deemed necessary if they were indicated by history and/or physical examination to assess for meniscal, ligamentous, or osteochondral injury or osteonecrosis, or if the patient had an unexpected finding that affected treatment. In general, repeat MRIs are reserved for a significant change in symptoms. Guideline criteria have not been met. There is no current evidence of a significant change in symptoms to support the medical necessity of repeat imaging. A left knee MRI was performed on 12/30/13. There is no evidence that there was been a recent change in symptoms that warrants imaging. Therefore, this request is not medically necessary.

Associated surgical service: EMG (electromyography) of the bilateral upper extremities: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 178, 268-268.

Decision rationale: The California MTUS guidelines support EMG in upper extremity complaints if cervical radiculopathy is suspected as a cause of lateral arm pain and that condition has been present for at least 6 weeks. EMG is recommended if carpal tunnel syndrome is suspected. Guideline criteria have not been met. An electrodiagnostic was performed on 2/17/14 and revealed evidence of right carpal tunnel syndrome and chronic cervical radiculopathy. There is no compelling reason presented to support the medical necessity of an additional EMG at this time. Therefore, this request is not medically necessary.

Associated surgical service: MRI (magnetic resonance imaging) of the right knee: 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: MRI's (magnetic resonance imaging).

Decision rationale: The California MTUS guidelines do not provide recommendations for repeat knee imaging. The Official Disability Guidelines state that MRI studies were deemed necessary if they were indicated by history and/or physical examination to assess for meniscal, ligamentous, or osteochondral injury or osteonecrosis, or if the patient had an unexpected finding that affected treatment. In general, repeat MRIs are reserved for a significant change in symptoms. Guideline criteria have not been met. There is no current evidence of a significant change in symptoms to support the medical necessity of repeat imaging. A right knee MRI was performed on 12/30/13. There is no evidence that there was been a recent change in symptoms that warrants imaging. Therefore, this request is not medically necessary.

Arthroscopic Examination of the right knee with partial Medial Meniscectomy: Upheld

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): 343-345.

Decision rationale: The California MTUS guidelines state that surgical consideration may be indicated for patients who have activity limitation for more than one month and failure of exercise programs to increase range of motion and strength of the musculature around the knee. Guidelines support arthroscopic partial meniscectomy for cases in which there is clear evidence of a meniscus tear including symptoms other than simply pain (locking, popping, giving way, and/or recurrent effusion), clear objective findings, and consistent findings on imaging. Guidelines state that arthroscopy and meniscus surgery may not be equally beneficial for those patients who are exhibiting signs of degenerative changes. Guideline criteria have not been met. This patient presents with right knee pain and giving out. Clinical exam findings have been generally consistent with imaging evidence of meniscal pathology. However, detailed evidence of a recent, reasonable and/or comprehensive non-operative treatment protocol trial and failure has not been submitted. Records indicated that the injured worker would be a candidate for bilateral knee replacements. Guideline support for arthroscopy and meniscal surgery is limited in patients with degenerative changes. Therefore, this request is not medically necessary.