

Case Number:	CM15-0071057		
Date Assigned:	04/21/2015	Date of Injury:	12/05/2014
Decision Date:	05/21/2015	UR Denial Date:	04/01/2015
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 31-year-old male who sustained an industrial injury on 12/05/14. The mechanism of injury was not documented. Past surgical history was positive for left knee arthroscopy, medial meniscectomy, plica debridement, and fat pad debridement on 8/22/13. The 12/18/14 left knee MRI impression documented no evidence of meniscal tear, and no focal cartilaginous injury or osteochondral defect. There was no abnormal bone marrow signal. There were 2 small plica seen in the lateral suprapatellar recess, with significant surrounding edema. Records indicated that 9/12 visits of physical therapy had been provided as of 2/2/15 for the diagnosis of right knee plica and iliotibial band tendonitis. He making slow gains in physical therapy and had pain with knee extension and any twisting motions. The 3/24/15 treating physician report cited left knee and hip knee pain that has been insidious in nature, and worse with more walking. Treatment had included surgery on 8/22/14 and corticosteroid injections. Physical exam documented tenderness over the left groin, medial knee joint, patellar tendon, and iliotibial band. Left lower extremity strength was 5/5. Knee range of motion was 0-120 degrees. McMurray's and instability tests were negative. The diagnoses included patellar tendonitis, iliotibial band friction syndrome, synovial plica of the knee, and current tear of the medial cartilage and/or meniscus tear of the knee. The treatment plan recommended the Tenex procedure to debridement the iliotibial band tendonitis, and second look knee arthroscopy. The 4/1/15 utilization review non-certified the request for left knee arthroscopy and Tenex procedure and the associated surgical requests. The rationale for non-certification indicated that there was no imaging report to support the medical necessity of this request. The 4/22/15 left knee MRI

impression documented edema in the lateral prefemoral fat pad, suggesting impingement syndrome, and suprapatellar plica. There was no meniscal tear identified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left Knee Diagnostic Arthroscopy and Tenex Procedure: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation ODG, Knee & Leg, Diagnostic arthroscopy.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343-345. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg: Diagnostic arthroscopy; Elbow: TX1 and Other Medical Treatment Guidelines Cowden CH 3rd, Barber FA. Arthroscopic treatment of iliotibial band syndrome. Arthrosc Tech. 2013 Dec 19;3(1):e57-60.

Decision rationale: The California MTUS 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. The Official Disability Guidelines recommend diagnostic arthroscopy when clinical indications are met. Indications include medications or physical therapy, plus pain and functional limitations despite conservative treatment, and imaging is inconclusive. The ODG recommend the optional use of the Tenex procedure for chronic lateral epicondylitis after 12 months of failed conservative treatment but do not address the use of this procedure in other body parts. There was no current evidence based medical guidelines or literature support for this procedure in iliotibial band tendonitis. Guideline criteria have not been met. This injured worker presented with continued right knee pain following meniscectomy and plica debridement. Clinical exam findings documented tenderness over the medial joint, patellar tendon, and iliotibial band (ITB). Plica was noted on imaging. Detailed evidence of a recent, reasonable and/or comprehensive non-operative treatment protocol trial and failure has not been submitted. There is no evidence that imaging is inconclusive to support diagnostic arthroscopy. There is no guideline or peer reviewed support for the Tenex procedure in ITB debridement. Therefore, this request is not medically necessary.

Vena Pro for Deep Vein Thrombosis Prevention: 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: Venous Thrombosis.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

