

Case Number:	CM15-0074660		
Date Assigned:	05/04/2015	Date of Injury:	06/07/2012
Decision Date:	08/03/2015	UR Denial Date:	03/25/2015
Priority:	Standard	Application Received:	04/20/2015

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

Certification(s)/Specialty: Neurological 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 6/7/12. She reported bilateral knee and left ankle injury. The injured worker was diagnosed as having a tear of lateral cartilage or meniscus of knee, chondromalacia of patella and osteoarthritis of lower leg. Treatment to date has included physical therapy, oral medications including Vicodin, left knee arthroscopic surgery, corticosteroid injections, non-steroidal inflammatory medications and home exercise program. (MRI) magnetic resonance imaging of left knee performed on 8/27/14 revealed a tear of undersurface of posterior horn of medial meniscus, Grade 3 chondromalacia with posterior aspect of weight bearing surface of medial condyle of left knee and (MRI) magnetic resonance imaging of right knee performed on 5/20/14 revealed a focal meniscal degenerative change of posterior horn of right medial and lateral meniscus. Currently, the injured worker complains of bilateral knee and left ankle pain rated 6/10. The injured worker noted pain is significant due to receiving physical therapy. Physical exam noted moderate tenderness to palpation over the medial and lateral tibiofemoral joint spaces, some pain and discomfort over the medial and lateral tibiofemoral joint spaces, noticeable edema over the anteromedial aspect of right patella and inferolateral aspect of the patella and mild tenderness to palpation over the medial tibiofemoral joint space. The treatment plan included request for left knee manipulation under anesthesia, arthroscopy with arthroscopic surgery, medical clearance with lab work, EKG, pulmonary function tests and urinalysis, postoperative knee brace, crutches, Micro-cool machine, IFC unit, TENS unit, lower extremity home exercise program, motorized compression pump and

stockings, postoperative medication of: Keflex, Tramadol and Norco. Postoperative physiotherapy, transportation and acupuncture were also requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left Knee Manipulation under Anesthesia, Arthroscopy with Arthroscopic Surgery to include Meniscectomy, Chondroplasty, Synovectomy, Possible Lateral Release Patella, Possible Removal of Loose Bodies: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee, Manipulation under anesthesia (MUA).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation The ODG guidelines.

Decision rationale: The ODG guidelines recommend manipulation under anesthesia (MUA) of the knee as an option for the treatment of arthrofibrosis. It should be done only after a trial (six weeks or more) of conservative treatment. The conservative treatment would consist of exercise, physical therapy and joint injections. Documentation does not provide this evidence. The requested treatment: Left Knee Manipulation under Anesthesia, Arthroscopy with Arthroscopic Surgery to include Meniscectomy, Chondroplasty, Synovectomy, Possible Lateral Release Patella, Possible Removal of Loose Bodies is not medically necessary and appropriate.

Associated surgical service: Medical Clearance Consultation with Internist: 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: Chest X-Ray: 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: EKG: 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: PFT: 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: CBC: 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: PT, 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.

Associated surgical service: Chem12: 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: UA: 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: 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: Micro Cool: 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: Home Exercise Kit: 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: DVT Compression Pump & Stockings: 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: Crutches (for purchase): 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 Knee Brace (for purchase): 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.