

Case Number:	CM15-0079048		
Date Assigned:	04/30/2015	Date of Injury:	03/21/2014
Decision Date:	06/04/2015	UR Denial Date:	04/09/2015
Priority:	Standard	Application Received:	04/24/2015

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 59 year old female, who sustained an industrial injury on 03/21/2014. The mechanism of injury was not provided. The injured worker is currently diagnosed as having bilateral degenerative arthritis of the knee, tear of medial meniscus of knee, and tear of lateral meniscus of right knee. Treatment and diagnostics to date has included right knee MRI, physical therapy, and medications. The injured worker had an MRI of the knee on 03/02/2015 which revealed a degenerative tearing of the body of the medial meniscus, with partial extrusion and radial tearing at the junction of the posterior horn and posterior ligament with a 6 mm meniscal gap, low grade inner margin tearing of the body of the lateral meniscus, tricompartmental osteoarthritis most pronounced within the medial femorotibial compartment, and mild lateral patellar subluxation possibly secondary to small joint effusion with a trace popliteal cyst. In a progress note dated 03/04/2015, the injured worker presented with complaints of bilateral knee pain. The documentation indicated the injured worker had findings of medial compartment joint line tenderness to palpation and lateral compartment joint line tenderness to palpation bilaterally. The injured worker had a moderate right knee joint effusion. The treatment plan and assessment included degenerative arthritis of the knee, bilateral; tear of the medial meniscus of the knee, right; and tear of the lateral meniscus of the right knee. The treatment plan included 3 Orthovisc injections to the left knee and a right knee arthroscopic partial medial meniscectomy, partial lateral meniscectomy with chondroplasty, and possible chondral drilling, if grade 4 chondromalacia is noted intraoperatively. The treating physician reported requesting

authorization for Orthovisc injection to left knee, right knee arthroscopy, postoperative physical therapy, and preoperative electrocardiogram and laboratory evaluations.

IMR ISSUES, DECISIONS AND RATIONALES

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

Orthovisc injection the left knee, quantity 3: 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 & Leg Chapter, Hyaluronic acid injections.

Decision rationale: The Official Disability Guidelines indicate that hyaluronic acid injections are recommended for injured workers with significantly symptomatic osteoarthritis who have not responded adequately to recommended conservative non-pharmacologic and pharmacologic treatments or are intolerant to these therapies after at least 3 months. There should be documentation of symptomatic severe osteoarthritis of the knee which may include bony enlargement, bony tenderness, crepitus on active motion, less than 30 minutes of morning stiffness, no palpable warmth of synovium, and over 50 years of age. There should be documentation that pain interferes with functional activities and that the pain is not attributed to other forms of joint disease. There should be documentation of a failure to adequately respond to aspiration and injection of intra-articular steroids. They should not be a current candidate for total knee replacement or an injured worker that has failed previous knee surgery for arthritis unless they are younger and want to delay total knee replacements. The clinical documentation submitted for review failed to provide documentation that pain interfered with functional activities, that the injured worker had a failure to adequately respond to aspiration and injection of intra-articular steroids, and that the injured worker was not currently a candidate for a total knee replacement. Given the above, the request for an Orthovisc injection to the left knee, quantity 3, is not medically necessary.

Arthroscopy, partial medial and lateral meniscectomy, chondroplasty, and possible chondral drilling right knee: 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 American College of Occupational and Environmental Medicine indicate surgical intervention is appropriate for injured workers who have a failure of an exercise program to increase range of motion and strength of musculature around the knee and activity limitation for more than 1 month. There should be documentation of clear signs of bucket handle tear on examination and symptoms other than pain including locking, popping, giving way or current effusion. Additionally, there should be documentation of consistent findings on

MRI. The clinical documentation submitted for review indicated the injured worker had clear findings of a bucket handle tear on examination, including current effusion. There were consistent findings on MRI. However, there was a lack of documentation indicating the injured worker had a failure of an exercise program and the duration of conservative care was not provided specifically for the right knee. Given the above, the request for arthroscopy, partial medial and lateral meniscectomy, chondroplasty, and possible chondral drilling, right knee, is not medically necessary.

Postoperative physical therapy for the right knee, 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.

Preoperative labs: Electrocardiogram Complete Blood Count, Complete Metabolic Panel, 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.