

Case Number:	CM15-0093258		
Date Assigned:	05/19/2015	Date of Injury:	11/01/2002
Decision Date:	06/22/2015	UR Denial Date:	05/12/2015
Priority:	Standard	Application Received:	05/14/2015

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: California

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 57 year old male, who sustained an industrial injury on 11/1/02. The diagnoses have included recurrent right knee retropatellar arthrofibrosis, osteoarthritis of the lower leg, ankyloses of the lower leg joint and lumbago. Treatment to date has included medications, diagnostics, surgery, physical therapy and home exercise program (HEP). Currently, as per the physician progress note dated 4/16/15, the injured worker complains of right knee pain in which there is intermittent popping and crepitation in the left patellar area. He has had prior arthroscopy to the right knee and the symptoms have recurred. There is significant crepitation and pain there as well. He reports that he has had 5-6 episodes of sharp, severe pain and giving way of the right knee related to this right knee retropatellar pop/clunk that he is feeling. The objective findings reveal prominent, palpable pop when actively extending the right knee. It is noted that this comes from the retropatellar notch area consistent with arthrofibrosis. The injured worker was taking Percocet for pain. The other medications included Atenolol, Diovan, Nexium, Ambien, Aspirin, Lipitor, Niacin, Lovaza and Coumadin. The diagnostic testing that was performed included x-ray of the right knee dated 4/16/15 which the physician noted reveals a well fixed and well aligned right knee arthroplasty without loosening, subsidence or other abnormalities. The physician requested treatments included Right knee arthroscopy debridement, Pre-operative exam, and Lovenox 40mg bridge #8.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lovenox 40mg bridge #8: 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 exam: 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.

Right knee arthroscopy debridement: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 344 and 345.

Decision rationale: CAMTUS/ACOEM Chapter 13 Knee Complaints, pages 344 and 345, states regarding meniscus tears, Arthroscopic partial meniscectomy usually has a high success rate for cases in which there is clear evidence of a meniscus tear symptoms other than simply pain (locking, popping, giving way, recurrent effusion). According to ODG Knee and Leg section, Meniscectomy section, states indications for arthroscopy and meniscectomy include attempt at physical therapy and subjective clinical findings, which correlate with objective examination and MRI. In this case the exam notes from 4/16/15 do not demonstrate evidence of adequate course of physical therapy or other conservative measures. In addition there is lack of evidence in the cited records of meniscal symptoms such as locking, popping, giving way or recurrent effusion. Therefore the request is not medically necessary.