

Case Number:	CM13-0003755		
Date Assigned:	12/04/2013	Date of Injury:	06/07/2013
Decision Date:	01/23/2014	UR Denial Date:	07/15/2013
Priority:	Standard	Application Received:	07/26/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Orthopedic Surgery, and is licensed to practice in California. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 claimant is a 40-year-old gentleman who sustained an injury to the left knee in work related accident on 06/07/13. Clinical records reviewed include an MRI report of the left knee from 06/21/13 showing an osteochondritis dissecans lesion along the lateral femoral condyle with a grade II to III chondromalacia involving the medial and lateral femoral condyle, medial and lateral menisci noted to be intact with no obvious joint effusion and no osseous cortical contusion or fracture noted. A 07/13/13 assessment by [REDACTED] documented subjective complaints of left knee pain stating physical therapy is "helping" with objective findings still showing tenderness over the medial and lateral joint line and positive pain with flexion and extension of the left knee. Treatment recommendation at that time was for a left knee arthroscopy "as indicated", continuation of medication in the form of Tramadol, as well as continuation of formal physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

One left knee arthroscopy: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343-344.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343-345, Postsurgical Treatment Guidelines.

Decision rationale: California Medical Treatment Utilization Schedule (MTUS) American College of Occupational and Environmental Medicine (ACOEM) Guidelines state "Referral for surgical consultation 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". When looking at Official Disability Guidelines criteria, surgical intervention would not be indicated. Specific in this case is a request for an arthroscopy for "procedures as indicated". When looking at the role of diagnostic arthroscopy imaging should be inconclusive with failed conservative care to include physical therapy and medication management. At the time of surgical request, the claimant was a month from injury with limited documentation of conservative care for review. While MRI scan demonstrated an osteochondritis dissecans lesion it failed to demonstrate any evidence of acute findings including effusion, signal change or inflammatory response. When this is taken into consideration with the claimant's limited conservative care, the surgical intervention would not be supported as medically necessary.