

Case Number:	CM13-0007593		
Date Assigned:	12/11/2013	Date of Injury:	05/09/2012
Decision Date:	01/27/2014	UR Denial Date:	07/18/2013
Priority:	Standard	Application Received:	08/05/2013

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 patient is a 31-year-old male who was sustained an injury to his left knee in a work-related accident on 5/9/12. An MRI report of the left knee dated 6/13/12 stated he was status post a prior 2008 ACL reconstruction and meniscal repair noting a remote injury to the fibular collateral ligament, and high grade cartilage loss of the medial femoral and tibial compartment with bone marrow changes and a small popliteal cyst. Postsurgical changes to the medial meniscus were noted. A second MRI scan performed on 6/7/13 showed evidence of a revision ACL graft with postsurgical artifact. Tendons and ligaments were noted to be intact with moderate degenerative changes in the medial compartment of the knee and postsurgical changes to the medial meniscus. A recent progress report with [REDACTED] 6/20/13 reviewed recent MRI findings and showed the left knee to have 0 to 140 degrees full range of motion, minimal effusion, and tenderness noted over the anterior aspect. Surgical intervention in the form of a left knee arthroscopy with bone grafting to tibial defect was recommended for further treatment. Clinical records fail to demonstrate conservative measures that have been utilized over the past several months.

IMR ISSUES, DECISIONS AND RATIONALES

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

The request for diagnostic antrosocopy of the knee, with or without synovial biopsy: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343-345. Decision based on Non-MTUS Citation Official Disability Guidelines for knee procedures

Decision rationale: The California MTUS Guidelines are silent on this issue. Based on Official Disability Guidelines criteria, diagnostic arthroscopy to the knee in this case would not be warranted. The claimant appears to be with evidence of significant degenerative process to the medial compartment of the knee status post prior surgical interventions including ACL reconstruction. At present, there is not an apparent surgical lesion noted and, as such, diagnostic arthroscopy to include a synovial biopsy would not be supported as medically necessary.

The request for one bone graft: 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.

The request for an assistant surgeon: 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.

The request for cold therapy rental for 14 days: 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.

The request for the purchase of a cold therapy unit: 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.

The request for eight sessions of postoperative physical therapy to the left knee: 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.

The request for one box of 30 Flector patches: 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.