

Case Number:	CM13-0010784		
Date Assigned:	06/13/2014	Date of Injury:	07/09/2008
Decision Date:	07/30/2014	UR Denial Date:	08/08/2013
Priority:	Standard	Application Received:	08/14/2013

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. The expert reviewer is Board Certified in Orthopedic Surgery and is licensed to practice in Texas. 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/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 injured worker is a 49-year-old male who reported an injury on 07/09/2008. The diagnoses were noted to be internal derangement of the knee and chondromalacia of the patella. Prior treatments included a total knee arthroplasty of the right knee. The request, per the DWC Form RFA, was for a right knee scope debridement for patellar fibrosis status post total knee arthroplasty and postoperative physical therapy. There was no PR-2 submitted for review nor MRI.

IMR ISSUES, DECISIONS AND RATIONALES

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

RIGHT KNEE SCOPE DEBRIDEMENT PATELLA FIBROSIS: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 65, 343. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee Chapter.

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, Chondroplasty.

Decision rationale: The Official Disability Guidelines indicated that a chondroplasty is appropriate when there is documentation of a trial of medication with therapy plus joint pain and

swelling plus effusion or crepitus or limited range of motion and a chondral defect on MRI. The clinical documentation submitted for review failed to meet the above criteria. There was no MRI or physical examination submitted for review to support the necessity. Given the above, the request for a Right Knee Scope Debridement Patella Fibrosis is not medically necessary.

POST OPERATIVE PHYSICAL THERAPY, 2 TIMES A WEEK FOR 6 WEEKS: 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.