MAXIMUS Federal Services

Case Number:	CM13-0017026		
Date Assigned:	11/27/2013	Date of Injury:	04/21/2012
Decision Date:	01/22/2014	UR Denial Date:	08/22/2013
Priority:	Standard	Application Received:	08/27/2013

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 Pennsylvania. 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 was injured in a work related accident on April 21, 2012. Records for review indicate ongoing complaints of pain about the right knee. Clinical records reviewed include a recent progress report by [redacted] on November 11, 2013 citing continued subjective complaints of pain about the right knee for which the claimant is requesting a corticosteroid injection. He continues to be with pain and discomfort. It stated a recent trigger point injection below the patella on October 8, 2013 was performed with documentation of improvement not noted. Objectively the right knee was with 0 to 110 degrees range of motion and nonantalgic gait, no effusion, no instability. There was medial joint line tenderness with negative McMurray's testing. The plan at that time was for continuation of Norco. It does not indicate if injection therapy took place. There is also a request for right knee arthroscopy with need for preoperative medical clearance and preoperative testing. Prior treatment has also included formal physical therapy, previous injections. Imaging as reported within the record, a May 28, 2013 MRI scan reportedly showed patellofemoral syndrome with no other documented findings.

IMR ISSUES, DECISIONS AND RATIONALES

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

A right knee arthroscopy: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Indications for Surgery.

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

Decision rationale: Based on California ACOEM Guidelines, right knee arthroscopy in this case would not be indicated. The claimant's imaging apparently demonstrates patellofemoral syndrome without suggestion of internal pathology that would benefit from arthroscopic intervention. While the claimant continues to be with pain, the role of arthroscopy absent documented surgical pathology would not be indicated.

Preoperative medical clearance: 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.

Laboratory work including CBC and BMP: 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.

An electrocardiogram: 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.