

Case Number:	CM13-0023997		
Date Assigned:	01/15/2014	Date of Injury:	12/19/2012
Decision Date:	04/28/2014	UR Denial Date:	09/06/2013
Priority:	Standard	Application Received:	09/13/2013

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 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 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:

Patient is a 50-year-old female with an industrial injury on 12/19/12. Patient's chief complaint is of bilateral knee pain. An MRI from 6/25/13 demonstrates partial full-thickness chondrosis involving the patellofemoral joint. There is no evidence of a meniscus tear. Exam notes from 8/21/13 demonstrate continued pain and tenderness on both knees. Conservative treatments have included physical therapy, injections, medications, bracing, and rest. Patient had left knee arthroscopy and meniscectomy surgery for medial and lateral torn meniscus. Request is for an outpatient arthroscopy of the right knee with subcutaneous lateral release and medical repair.

IMR ISSUES, DECISIONS AND RATIONALES

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

OUTPATIENT ARTHROSCOPY OF THE RIGHT KNEE WITH SUBCUTANEOUS LATERAL RELEASE AND MEDICAL REPAIR (AT ENDEAVOR SURGICAL CENTER): 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): 343-344.

Decision rationale: In this case the ACOEM guidelines have not been satisfied for knee arthroscopy. The MRI of the right knee from 6/25/1 does not demonstrate any evidence of meniscus tears or ligaments to warrant surgical care. Therefore the determination is for non-certification.

TWELVE (12) POST-OP PHYSICAL THERAPY VISITS FOR THE RIGHT KNEE:
Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 25.

Decision rationale: As the surgical procedures are not medically indicated, the determination is for non-certification for 12 postoperative physical therapy visits.