

Case Number:	CM13-0044646		
Date Assigned:	03/03/2014	Date of Injury:	02/19/2004
Decision Date:	08/26/2014	UR Denial Date:	10/08/2013
Priority:	Standard	Application Received:	10/31/2013

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 Surgeon, has a subspecialty in Pediatric Orthopedics and is licensed to practice in Texas and Colorado. 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 56-year-old female who reported injury on 02/19/2004. The mechanism of injury was a slip and fall onto her bilateral hands and knees. The injured worker was noted to undergo an MRI of the left knee and an MRI arthrogram of the left knee. The injured worker was noted to have arthroscopic debridements of the right knee in 2004 and 2005 and a right knee arthroscopic surgery revision on 12/12/2008. Prior conservative treatments included medications and physical therapy. The injured worker had a right total knee replacement on 11/01/2010. The documentation of 06/20/2013 revealed the injured worker had pain and had secondary overload to her left knee. The objective findings upon palpation revealed left knee tenderness medially. The range of motion was 100 degrees in flexion and was -5 degrees in extension. There was a slightly positive McMurray's. Quadriceps strength was 4+/5 and the hamstring strength was 4-/5. The diagnoses included right knee revision of secondary scar, left knee internal derangement, and rule out meniscal tear. The physician reviewed the x-rays that showed perfect surgery placement of the components. The treatment plan additionally included the injured worker was to continue physical therapy, have an MRI of the left knee, and the treatment plan included a right knee scope and lysis of adhesions. The physician opined that this would remove all the scars in this difficult case and that it would give the injured worker more range of motion with her young age and less significant surgery that she had initially which led her to this case.

IMR ISSUES, DECISIONS AND RATIONALES

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

LEFT KNEE ARTHROSCOPIC LYSIS OF ADHESIONS QTY: 1.00: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The ACOEM Guidelines indicate a surgical consultation may be appropriate for an injured worker who has activity limitation for more than 1 month and a failure of exercise programs to increase range of motion and strength of the musculature around the knee. The clinical documentation submitted for review failed to provide documentation that the injured worker had a failure of an exercise program to increase range of motion and strength of the musculature around the knee. Given the above, the request for left knee arthroscopic lysis of adhesions is not medically necessary.

SLEEP EVALUATION QTY: 1.00: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Polysomnography.

Decision rationale: The Official Disability Guidelines indicate that polysomnography is recommended after at least 6 months of an insomnia complaint of at least 4 nights a week, and that the injured worker's insomnia has been unresponsive to behavioral interventions and sedative sleep-promoting medications and after psychiatric etiology has been excluded. The clinical documentation submitted for review failed to provide a DWC Form RFA or PR-2 to support the request. There was a lack of documentation of the above criteria. Given the above, the request for sleep evaluation quantity 1 is not medically necessary.