

Case Number:	CM13-0056310		
Date Assigned:	12/30/2013	Date of Injury:	09/26/2012
Decision Date:	04/02/2014	UR Denial Date:	10/15/2013
Priority:	Standard	Application Received:	11/22/2013

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 30-year-old female who reported an injury on 09/28/2012. The mechanism of injury involved a fall. The patient is currently diagnosed with chondromalacia patella. The patient was seen by [REDACTED] on 10/09/2013. The physical examination revealed 5/5 motor strength in bilateral lower extremities, intact sensation, negative orthopedic testing, 0 to 120 degree left knee range of motion without pain, and normal stability. The treatment recommendations included arthroscopic surgery of the left knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

a left knee arthroscopy meniscectomy, abrasion arthroplasty with removal of loose body under general anesthesia: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343-345. Decision based on Non-MTUS Citation ODG

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

Decision rationale: The California MTUS/ACOEM Practice Guidelines state referral for surgical consultation may be indicated for patients who have activity limitation for more than 1 month and a failure of exercise programs. As per the documentation submitted, the patient's

physical examination revealed 5/5 motor strength, negative orthopedic testing, and 0 to 120 degree range of motion without pain. The documentation of significant musculoskeletal deficit was not provided. There is no documentation of an exhaustion of conservative treatment including exercise, physical therapy, medications, or activity modification. The patient did not demonstrate swelling, effusion, joint line tenderness, or positive McMurray's testing. There were no imaging studies provided for review. Based on the clinical information received, the patient does not currently meet criteria for the requested procedure. As such, the request for left knee arthroscopy meniscectomy, abrasion arthroplasty w/removal of loose body under general anesthesia is non-certified.

twelve (12) sessions of post op physical therapy: 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.

Game ready cold therapy unit rental for 28 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.