

Case Number:	CM13-0057610		
Date Assigned:	01/03/2014	Date of Injury:	07/26/2013
Decision Date:	04/25/2014	UR Denial Date:	11/13/2013
Priority:	Standard	Application Received:	11/25/2013

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 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 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 claimant is a 25-year-old female with a reported injury date of 7/26/13. The records provided for review document complaints of left knee pain, swelling, clicking, and difficulty with full extension. The claimant has a significant history of a prior left knee meniscal repair ten years ago. An MRI was performed for continued symptoms and was documented to show no evidence of a meniscal tear. Edema of the femoral condyle was seen and felt to be compatible with a mild bone contusion. The claimant has reported continued symptoms of popping and catching despite treatment with medication and physical therapy. Interestingly, the claimant has reported lateral joint line tenderness and not medial joint line tenderness despite the contusion of the medial femoral condyle. The exam has also been reported to show slight popping and catching with range of motion. McMurray's Test has been noted to be positive. A diagnostic arthroscopy has been requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

REQUEST FOR A RIGHT KNEE DIAGNOSTIC ARTHROSCOPY WITH POSSIBLE MENISCECTOMY: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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

Decision rationale: Diagnostic arthroscopy is appropriate at this time. ACOEM Guidelines would allow for a diagnostic arthroscopy in patients who fail conservative treatment. The claimant reports mechanical symptoms and reportedly has mechanical findings on examination. She has failed sufficient conservative care with medications and therapy as well as a corticosteroid injection. Although the MRI did not document a clear surgical lesion, the claimant has a history of a prior surgical lesion that was treated and continued symptoms and exam findings despite conservative care. Most surgeons would perform a diagnostic arthroscopy at this time eight months after the reported injury date. Accordingly, the request is reasonable based on the information reviewed.

"ASSOCIATED SURGICAL SERVICE" REQUEST FOR CRUTCHES: Overturned

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),

Decision rationale: Crutches would also be reasonable and would be consistent with the Official Disability Guidelines for the surgical procedure approved from above.

"ASSOCIATED SURGICAL SERVICE" REQUEST FOR PHYSICAL THERAPY (X12): Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: Twelve physical therapy sessions would also be reasonable and would be consistent with CA MTUS Post-Surgical Rehabilitative 2009 Guidelines for the surgical procedure approved above.