

Case Number:	CM13-0059596		
Date Assigned:	12/30/2013	Date of Injury:	05/08/2007
Decision Date:	04/21/2014	UR Denial Date:	11/15/2013
Priority:	Standard	Application Received:	12/02/2013

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:

This 40-year-old claimant has a date of injury of 5/8/07. [REDACTED] saw her for an orthopedic evaluation in April 2013 and documented a history of right knee pain. The examination on that date demonstrated tenderness overlying the knee diffusely and overlying the anteromedial and posteromedial joint line. He reviewed the MRI performed in 2012 and documented no abnormalities. He provided the claimant with a diagnosis of a right knee sprain/strain related to the injury of 2007. This claimant subsequently saw [REDACTED] in September 2013 with continued complaints of pain and swelling in the right knee. The right knee examination demonstrated 2+ swelling, with tenderness at the patellofemoral joint and medial joint lines. There was crepitation with range of motion and the McMurray's Test was questionable. The patellofemoral compression test and apprehension test were positive. [REDACTED] reviewed the x-rays of the right knee and documented slight narrowing at the medial joint line and also reviewed the MRI, which demonstrated a small effusion and other abnormalities. He provided a diagnosis of right knee chondromalacia of the patella with synovitis. At that juncture, he recommended a home exercise program and a right knee corticosteroid injection. This claimant subsequently saw [REDACTED] again in October 2013. There were continued complaints of right knee pain with popping and giving way. Examination of the right knee at that time demonstrated swelling and tenderness of the patellofemoral and medial joint lines with crepitation, a positive McMurray's Test, and positive patellofemoral compression test and apprehension test. He again provided the diagnosis of patellar chondromalacia with synovitis and as the claimant had not improved with conservative treatment to include a course of physical therapy treatment, medication, and acupuncture. He recommended a right knee arthroscopic evaluation.

IMR ISSUES, DECISIONS AND RATIONALES

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

RIGHT KNEE DIAGNOSTIC ARTHROSCOPY: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343-345. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 11th Edition (web), 2013, Knee and Leg Chapter, Diagnostic Arthroscopy, and the California Medical Treatment Utilization Schedule (MTUS), 2009, Post-Surgical Rehabilitation, Knee.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), treatment in Worker's Comp: 18th Edition; 2013 Updates: Chapter knee and leg: diagnostic arthroscopy.

Decision rationale: The Official Disability Guidelines indicate that the criteria for the procedure include failure of conservative care to include medications or physical therapy, subjective clinical findings of pain and functional limitations that continue despite conservative care, and inconclusive imaging findings. In this case, this claimant has been treated with conservative measures and continues to have pain and functional limitations despite conservative care. However, imaging is conclusive in that it shows medial joint space narrowing. There is concern that this claimant has early knee arthritis, and arthroscopy is not likely to be of great benefit. If meniscal tear is present, which has not been reliably proven based upon the examination or previous MRI, then this claimant may benefit from an arthroscopy. There is no documentation that he claimant has been treated with an injection or has had an updated MRI since 2012. Based upon review of the records provided for this case, the absence of the claimant's response following an injection, the current MRI from 2012, and the Official Disability Guidelines, an arthroscopy cannot be certified in this case.