MAXIMUS Federal Services

Case Number:	CM13-0065375		
Date Assigned:	01/03/2014	Date of Injury:	07/15/2012
Decision Date:	08/12/2014	UR Denial Date:	12/05/2013
Priority:	Standard	Application Received:	12/13/2013

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 Texas. 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 35-year-old female who reported an injury on 07/15/2012. The mechanism of injury was the injured worker was moving a table. The injured worker had physical therapy. The documentation additionally indicated the injured worker underwent a right knee injection. The injured worker had a patellar brace. The documentation indicated the injured worker underwent a right knee partial medial meniscectomy, lateral retinacular release, and partial synovectomy on 03/07/2013. The injured worker underwent an x-ray arthrogram of the right knee on 7/29/2013, and an MRI of the right knee following arthrogram on 07/29/2013 which revealed full thickness cartilage defect of the medial femoral condyle that was healed in with fibrocartilage. There was no meniscal tear. There was a 2 mm loose body in the posterior lateral joint recess and a 1 mm loose body in the anterior joint recess. The ligaments were intact. The documentation of 11/08/2013 revealed the injured worker was complaining of pain across the entire anterior aspect of the knee joint. The injured worker was noticing popping, clicking, and grinding in the right knee. It was indicated the injured worker was riding a stationary bicycle for exercise. The diagnoses included status post arthroscopy right knee with partial medial meniscectomy, partial synovectomy, and lateral retinacular release. Additional diagnoses included persistent anterior joint line and patellofemoral pain right knee loose bodies on postoperative MRI. The documentation indicated the injured worker may need a follow-up arthroscopy but the physician documented he would like to follow the injured worker for another couple of months. The subsequent documentation of 12/02/2013 revealed the physician was awaiting authorization for followup arthroscopy of the right knee to look for loose bodies, observe patellofemoral tracking, and further debride the overgrowth of soft tissue previously noted at arthroscopy.

IMR ISSUES, DECISIONS AND RATIONALES

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

ARTHROSCOPY OF THE RIGHT KNEE WITH REMOVAL OF LOOSE BODIES, SYNOVECTOMY AND POSSIBLE REVISION: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Non-MTUS Official Disability Guidelines (ODG), Knee and Leg-Diagnostic Arthroscopy.

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

Decision rationale: The Official Disability Guidelines recommend diagnostic arthroscopy when the imaging studies do not give clear findings and are inconclusive. The clinical documentation submitted for review indicated the MRI had objective findings. The physician documentation indicated the request for an arthroscopy was to look for loose bodies, which would indicate the request was for a diagnostic arthroscopy. The loose bodies were 1 mm and 2 mm. As this portion of the request would not be supported, the request in its entirety is denied. Given the above, the request for arthroscopy of the right knee with removal of loose bodies, synovectomy and possible revision is not medically necessary.

PREOPERATIVE LAB STUDIES: 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: As the requested surgical intervention is not supported by the documentation, the requested ancillary service is also not supported.