

Case Number:	CM13-0066819		
Date Assigned:	01/03/2014	Date of Injury:	10/11/2011
Decision Date:	05/19/2014	UR Denial Date:	11/21/2013
Priority:	Standard	Application Received:	12/17/2013

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 32-year-old male who reported an injury on 10/11/11. The mechanism of injury was not provided in the records for review. The request for authorization for medical treatment DWC Form RFA was not included in the medical records for the requested imaging. The injured worker underwent surgery on 10/1/13 to remove an indwelling IVC filter. The clinical note dated 12/11/13 noted that the injured worker was seen for a follow-up examination of the left knee. The subjective complaints of pain remained unchanged noted in the documentation. The injured worker continues to take Ultracet as needed for pain, and Xarelto daily. It was documented that the injured worker had completed 19 of 24 sessions of physical therapy as of 12/11/13. Upon examination, the injured worker's active knee range of motion measurements were extension of the right knee 180 degrees, left knee 175 degrees. Left knee flexion was 110 degrees, right knee 145 degrees. The documentation noted there was no gross ligamentous laxity on manual stress testing, but guarding and poor muscle relaxation on the left side. Exquisite tenderness to the left anterior knee, nonspecific was noted. Accentuated pain response with jerking of the knee was noted. Diagnoses for the clinical visit included status post left knee arthroscopic partial synovectomy, debridement of the intercondylar notch and lysis of adhesions, patellofemoral chondroplasty, postoperative left leg deep vein thrombosis treated with IVC filter and removal, slow postoperative recovery, seizure like activity after surgery, and prior removal of the IVC filter. The treatment plan for the injured worker is to have diagnostic and therapeutic left knee injection at next office visit. The injured worker is to continue physical therapy as prescribed for functional restoration. Ultracet is to be refilled. A physical therapy note dated 11/12/13 documented that the injured worker was very sensitive in the left knee after 14 postoperative sessions. The injured worker had difficulty to progress in exercise given swelling and pain. There are no noted muscle spasms, unaffected balance, and no gait deviations. The

injured worker is unable to progress in his program, due to some swelling, and some pain and tenderness in the left medial joint line area. Moderate edema was noted in the patellofemoral joint area of the left knee. The injured worker is unable to squat, descend stairs, walk fast, climb, or crawl.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRA FOR THE LEFT KNEE FOR DELAY IN POST OP HEALING AND PERSISTENT PAIN POST OP: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: ACOEM, CHAPTER 13, 343

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 341-343. Decision based on Non-MTUS Citation Official Disability Guidelines

Decision rationale: The California MTUS/ACOEM guidelines state that special studies are not needed to evaluate most knee complaints until after a period of conservative care and observation. The Official Disability Guidelines recommend an MRA as a postoperative option to help diagnose the suspected residual or recurrent tear, for meniscal repair or for meniscal resection of more than 25%. For all patients who underwent meniscal repair, the arthrography is required to diagnose a residual recurrent tear. In patients with resection of more than 25% who do not have severe degenerative osteoarthritis, avascular necrosis, chondral injuries, negative joint fluid that extends into the meniscus, or a tear in a new area, MR arthrography was useful in the diagnosis of residual or recurrent tears. The documentation provided for review did not include a diagnosis of a meniscal repair or tear for the injured worker, but did give a diagnosis of a patellofemoral chondroplasty. The request for MRA for the left knee for delay in postoperative healing and persistent postoperative pain does not meet the guidelines set forth by the California MTUS/ACOEM or the Official Disability Guidelines. Therefore, the request is not medically necessary.