MAXIMUS Federal Services

Case Number:	CM14-0005945		
Date Assigned:	02/07/2014	Date of Injury:	05/14/2012
Decision Date:	06/20/2014	UR Denial Date:	12/20/2013
Priority:	Standard	Application Received:	01/15/2014

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 inOrthopedic 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 31 year old female who reported an injury to her neck, right shoulder, and right knee. The clinical note dated 10/25/12 indicates the injured worker having undergone an MRI of the right knee on 10/04/12 which revealed a 5mm osseous lesion within the medial aspect of the medial femoral condyle representing a cyst or small enchondroma. The clinical note dated 09/27/12 indicates the injured worker had slipped on oil while carrying a large pot of rice in a kitchen resulting in low back, right shoulder, and right knee pain. The note indicates the injured worker having undergone physical therapy, chiropractic manipulation, and acupuncture treatments. The injured worker had returned to work with restrictions in place. The injured worker reported frequent right knee pain with an associated clicking sensation. The injured worker described the pain as an aching, burning, shooting, and stabbing sensation that was rated as 4-9/10. Upon exam, the injured worker was able to demonstrate 0 to 130 degrees of range of motion at the right knee. No atrophy was identified at the thigh or calf. The clinical note dated 09/13/12 indicates the injured worker complaining of mild pain at the lateral compartment of the right knee. Provocative testing revealed essentially normal findings. The clinical note dated 12/20/12 revealed mild pain continued at the lateral compartment. The injured worker demonstrated a 40 degree extension lag. The urine drug screen completed on 12/31/12 revealed the injured worker to be compliant with the prescribed drug regimen as all findings were identified as being consistent. X-rays of the left knee dated 02/13/13 revealed essentially normal findings. No joint space abnormalities were identified. The electrodiagnostic studies completed on 02/20/13 revealed abnormal findings in the lower extremities. The findings were suggestive of a right sided tarsal tunnel syndrome. The clinical note dated 04/04/13 indicates the injured worker continuing with left knee pain that was rated as 8/10. The injured worker stated that sitting, walking, and running all exacerbated her pain. The clinical note dated 08/21/13 indicates

the injured worker complaining of bilateral knee pain that was rated as 7/10. The injured worker described the pain as a throbbing, tingling, and burning sensation at that time. Range of motion deficits continued at both knees. The MRI of the right knee dated 11/20/13 revealed an intrameniscal cyst within the body of the medial meniscus. A 4mm cyst like focus was identified at the distal femoral metadiaphysis. No other significant findings were identified. The clinical note dated 11/22/13 indicates the injured worker able to demonstrate 5 to 130 degrees of range of motion at the right knee. No significant provocative findings were identified upon exam. No strength or reflex deficits were identified. The utilization review dated 12/12/13 for a request for a right knee arthroscopy and chondroplasty with associated procedures resulted in a denial as insufficient information had been submitted supporting the proposed procedure.

IMR ISSUES, DECISIONS AND RATIONALES

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

RIGHT KNEE ARTHROSCOPY AND CHONDROPLASTY VS MICROFRACTURE SURGERY: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), 11th Edition, Web 2013, Treatment Section For The Knee- Diagnostic Arthroscopy.

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

Decision rationale: The documentation indicates the injured worker having complaints of right knee pain with associated range of motion deficits. The documentation indicates the injured worker demonstrating 5 to 130 degrees of range of motion. Additionally, the submitted MRI revealed an enchondroma at the femur. However, this appears to be of minimal impact on the injured worker's functional deficits. Therefore, it does not appear that a chondroplasty would be indicated for this injured worker. Given the lack of significant findings confirmed by imaging studies in regards to a chondral defect, this request is not medically necessary.

ASSISTANT SURGEON: 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.

PRE-OPERATIVE INTERNAL MEDICAL CLEARANCE: 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.

COLD THERAPY UNIT 30 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.

POST OPERATIVE REHAB PHYSICAL THERAPY RIGHT KNEE 24 SESSIONS: 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.

URINE DRUG SCREEN: 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.