

Case Number:	CM14-0006623		
Date Assigned:	02/14/2014	Date of Injury:	06/02/2010
Decision Date:	06/24/2014	UR Denial Date:	01/10/2014
Priority:	Standard	Application Received:	01/17/2014

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 in Orthopedic Surgery and is licensed to practice in New York. 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 patient is a 49-year-old female with a date of injury of July 2, 2010. The patient has chronic left knee pain. On physical examination the patient has a 1+ effusion. Left knee range of motion is 0-140. There is positive retropatellar knee pain. The MRI left knee from February 2013 shows grade 3-4 chondromalacia of the lateral tibial plateau with bone contusion. There is mild grade 1 chondromalacia of the patella. There is no evidence of a meniscal tear. The treatment to date includes physical therapy acupuncture medications knee sleeves that his left knee surgery in April 2012 with rehabilitation.

IMR ISSUES, DECISIONS AND RATIONALES

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

LEFT KNEE SURGERY (ARTHROSCOPY WITH CHONDROPLASTY): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 116.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guideline (ODG) Knee Pain Chapter: Indications For Surgery- Chondroplasty Knee

Decision rationale: The patient's most recent knee MRI shows chondromalacia of the patella. There is no distinct chondral defect. Performing this surgery in the absence of the lesion that will

improve both the long and short term from the procedures not supported. In addition, the patient has evidence of chondromalacia patella which is a relative contraindication to the procedure. Also, the patient had prior chondroplasty surgery without benefit. The request is not medically necessary.

COLD THERAPY UNIT: 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-OP PHYSICAL THERAPY 12 VISITS: 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.