

Case Number:	CM14-0006725		
Date Assigned:	02/07/2014	Date of Injury:	09/25/2012
Decision Date:	06/12/2014	UR Denial Date:	12/27/2013
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 Orthopaedic 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:

The records reflect that the 24-year-old injured worker sustained an injury on September 25, 2012. The diagnosis code offered indicates a chondromalacia patella (717.7). The notes reflect there was insufficient clinical information presented support the request. A progress note dated September 27, 2012 reported the mechanism of injury as a blunt force trauma (direct blow) to the knee. The initial evaluation included an emergency room assessment and plain x-rays. The assessment was a contusion. A follow-up evaluation noted a DVT, a diagnosis of diabetes and the right knee contusion. Conservative care was completed. A follow-up orthopedic evaluation reported the diagnoses of DVT and a meniscal tear. Arthroscopic surgery was pending resolution of a DVT treatment. An MRI of the knee was obtained noting a partial tear of the anterior crucial ligament, a tear the medial meniscus, and a ligamentous injury. An additional recommendation for right knee arthroscopy is made in January, 2013. The knee arthroscopy was completed in May, 2013 and included a partial medial and lateral meniscectomy, a chondroplasty and synovectomy. Postoperative rehabilitation physical therapy was completed. An occupational medicine consultation was completed and a diagnosis of chondromalacia patella was added to the problem list. There were ongoing complaints of pain, treatment included a steroid injection, and other pain interventions were outlined. Medications are noted to be mildly helpful.

IMR ISSUES, DECISIONS AND RATIONALES

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

ORTHOPEDIC CONSULT REGARDING THE RIGHT KNEE: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Occupational Medicine Practice Guidelines, 2nd Edition, 2004 page 127.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation California Independent Medical Examinations and Consultations Chapter (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 7).

Decision rationale: This is an individual who sustained a minor contusion to the knee. Imaging studies identified tears of the medial meniscus, lateral meniscus and a compromise to the anterior cruciate ligament. Arthroscopic surgery was rendered as well as postoperative rehabilitation physical therapy. There are ongoing complaints of knee pain and a diagnosis of chondromalacia patella has been added. Given the mechanism of injury, diagnosis completed, treatment rendered, and clinical data obtained the diagnosis has been well established, appropriate treatment has been outlined and it is not clear what an additional orthopedic consultation would add to the treatment plan. When noting the parameters outlined in the California MTUS and the above information, there is no clinical assessment resented to suggest the need for an additional orthopedic consultation and is therefore determined to be not medically necessary.