

Case Number:	CM14-0008379		
Date Assigned:	03/03/2014	Date of Injury:	05/30/2012
Decision Date:	06/30/2014	UR Denial Date:	12/17/2013
Priority:	Standard	Application Received:	01/22/2014

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, has a subspecialty in Hand 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 claimant is a 53-year-old female who sustained an injury to her left knee on May 30, 2012. The clinical records provided for review include the December 16, 2013 progress report noting continued complaints of low back, left lower extremity pain and knee pain. Specific to the left knee there is an MRI report of November 21, 2012 that showed no evidence of internal derangement and no meniscal pathology documented. Physical examination did not include documentation of a left knee examination. The report of an office visit on December 11, 2013 noted bilateral knee complaints with the left knee examination of 0 to 150 degrees range of motion, no crepitation, a normal tracking patella, tenderness diffusely, 5/5 motor strength, and no effusion, ligamentous laxity or instability. The diagnosis was "plica syndrome" and it was documented that conservative treatment had failed. The recommendation was made for left knee arthroscopy, plica excision, meniscectomy, chondroplasty and synovectomy was recommended. There was no documentation of the specific conservative treatment provided to the claimant.

IMR ISSUES, DECISIONS AND RATIONALES

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

LEFT KNEE SCOPE, EXCISION PLICA, PARTIAL MENISECTOMY, CHONDROPLASTY, SYNOVECTOMY: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 346-347.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 13, 344-345. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment in Worker's Comp; 18th Edition; 2014 Updates: Chapter Knee and lower leg, chondroplasty

Decision rationale: Based on California ACOEM Guidelines, the request for left knee arthroscopy, excision of plica, partial meniscectomy, chondroplasty and synovectomy cannot be recommended as medically necessary. The claimant's clinical picture would not be consistent with the need for left knee arthroscopy, as the medical records do not contain imaging evidence of internal derangement that would require surgery. While there, has been noted conservative care and continued symptoms, a lack of documented imaging findings supporting surgical pathology would fail to necessitate the need of operative procedure.

DME CRUTCHES: 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), Knee Procedure -Walking aids (canes, crutches, braces, orthoses, & walkers)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment in Worker's Comp, 18th Edition, 2013 Updates, Knee Procedure -Walking aids (canes, crutches, braces, orthoses, & walkers)

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary

POST OPERATIVE PHYSICAL THERAPY 2 X 4: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Indications for Surgery, Knee Procedures

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

INTERNAL MEDICINE CONSULT AND TREAT FOR MEDICAL PREOPERATIVE CLEARANCE: 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), Indications for Surgery, Knee Procedures

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) , Chapter 7: Independent Medical Examinations and Consultations, page 127

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.