MAXIMUS Federal Services

Case Number:	CM14-0101603		
Date Assigned:	07/30/2014	Date of Injury:	12/06/2013
Decision Date:	09/22/2014	UR Denial Date:	06/20/2014
Priority:	Standard	Application Received:	07/01/2014

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 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 25-year-old male who reported an injury on 12/06/2013 after a motor vehicle accident. The injured worker reportedly sustained multiple injuries. The injured worker's treatment history included physical therapy, medications, and epidural steroid injections. The injured worker's medications included Norco 2.5/325 mg, Anaprox 550 mg, Prilosec 60 mg, and Flexeril 7.5 mg. The injured worker was evaluated on 06/12/2014. It was documented that the injured worker had decreased pain of the left knee with good range of motion. It was noted that the injured worker was doing physical therapy stretches and foam rolling daily. It was notedd that the injured worker had previously undergone an epidural steroid injection that provided approximately 3 weeks of relief. The injured worker's diagnoses included MCL sprain of the left knee and a chondral defect, left hip pain, and lumbar spine radiculopathy. The injured worker's treatment plan included an arthroscopic OATS procedure followed by postsurgical physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

LEFT KNEE ARTHROSCOPY: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 345.

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

Decision rationale: The American College of Occupational and Environmental Medicine recommends surgical intervention for knee injuries be supported by clear clinical examination findings of a lesion that would benefit from both short and long-term from surgical repair supported by an imaging study that identifies pathology consistent with clinical examination findings that have failed to respond to conservative treatment. The clinical documentation submitted for review does indicate that the injured worker has undergone physical therapy and is participating in a home exercise program. However, the clinical documentation fails to provide any clinical exam findings significant enough to warrant surgical intervention. Additionally, the clinical documentation does not include an MRI to support the surgical intervention. As such, the requested left knee arthroscopy is not medically necessary and appropriate.

O.A.T.S. PROCEDURE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

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

Decision rationale: The American College of Occupational and Environmental Medicine recommends surgical intervention for knee injuries be supported by clear clinical examination findings of a lesion that would benefit from both short and long-term from surgical repair supported by an imaging study that identifies pathology consistent with clinical examination findings that have failed to respond to conservative treatment. The clinical documentation submitted for review does indicate that the injured worker has undergone physical therapy and is participating in a home exercise program. However, the clinical documentation fails to provide any clinical exam findings significant enough to warrant surgical intervention. Additionally, the clinical documentation does not include an MRI to support the surgical intervention. As such, the requested OATS procedure is not medically necessary and appropriate.

POST OPERATIVE PHYSICAL THERAPY QTY. 12: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

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.