

Case Number:	CM14-0106322		
Date Assigned:	07/30/2014	Date of Injury:	05/29/2012
Decision Date:	08/05/2014	UR Denial Date:	06/26/2014
Priority:	Expedited	Application Received:	07/09/2014

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 Surgeon 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 52-year-old female who reported an injury on May 29, 2012. The mechanism of injury was not provided. The injured worker underwent an MRI of the left knee without contrast on July 11, 2012. The documentation indicated there was a mild bone marrow edema along the anteromedial aspect of the medial femoral condyle suggestive of trabecular bone injury with no discrete fracture or osteochondral injury. There was mild edema within the Hoffa's fat pad at the anterior aspect of the intercondylar notch that was nonspecific and possible related to recent contusion. There was no evidence of a meniscal tear or ligamentous injury. The injured worker underwent an x-ray of the left knee on March 24, 2014, which revealed moderate osteoarthritis of the left knee with effusion. The documentation of June 23, 2014 revealed the injured worker had complaints of pain and swelling to the left knee along with decreased motion and instability of the knee. The injured worker was noted to have weight bearing and ambulating. The documentation indicated the injured worker hurt her knee while patrolling and climbing stairs at work. The physical examination revealed normal sensation, no instability, subluxation, or laxity. There was no crepitus or known fractures or deformities. The injured worker had tenderness to palpation on the left in the anterior aspect and medial aspect. The injured worker had decreased range of motion in flexion. The strength on the left was 4/5 in knee flexors and extensors. The diagnosis included chondromalacia patella and meniscus tear of the left knee. The treatment plan included an arthroscopy and debridement with chondroplasty of the left knee as soon as possible. Additionally, the request was made for surgical assistant and postoperative physical therapy to the left knee to increase strength, range of motion, and flexibility 3 times a week for 4 weeks. Subsequent documentation of July 25, 2014 indicated the injured worker had prior injections to the left knee with temporary relief in June of 2013. The range of motion in flexion had decreased by 2 degrees. The muscle strength remained 4/5 on the left. The request

was again made for an arthropathy and debridement with chondroplasty of the left knee as soon as possible. It was indicated the injured worker had two injections in 2013 with no permanent resolution of symptoms.

IMR ISSUES, DECISIONS AND RATIONALES

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

Arthroscopy and Debridement with Chondroplasty of the Left Knee: 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): 343-345. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg Chapter, Chondroplast, Arthroscopic surgery for osteoarthritis.

Decision rationale: The ACOEM Practice Guidelines indicate that surgical consultations may be appropriate for injured workers who have activity limitations for more than 1 month and a failure of an exercise program to increase range of motion and strength of the musculature around the knee. While it was indicated the injured worker had undergone injections and received temporary benefit, there was lack of documentation indicating the injured worker had a failure of an exercise program to increase range of motion. The duration and type of conservative care with the exception of injections was not provided. As the ACOEM Practice Guidelines do not specifically address chondroplasty, secondary guidelines were sought. The Official Disability Guidelines indicate that the criteria for chondroplasty include medications or physical therapy, plus joint pain and swelling, plus effusion or crepitus or limited range of motion, plus a chondral defect on MRI. The clinical documentation submitted for review failed to provide documentation of failure of medication or physical therapy. The documentation indicated the injured worker had joint pain, swelling and limited range of motion. The MRI revealed the articular cartilage within the medial and lateral compartment was relatively well preserved. The injured worker also underwent an x-ray on March 24, 2014, which showed moderate osteoarthritis of the left knee with effusion. The Official Disability Guidelines do not recommend arthroscopic lavage and debridement for patients with osteoarthritis of the knee. This portion of the request would not be supported. Given the above, the request for arthroscopy and debridement with chondroplasty of the left knee is not medically necessary.

Surgical Assistant: 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: As the requested surgical intervention is not supported by the documentation, the requested ancillary service is also not supported.

Post Operative Physical Therapy for the Left Knee (12 sessions - 3 times per week for 4 weeks): 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: As the requested surgical intervention is not supported by the documentation, the requested ancillary service is also not supported.