

Case Number:	CM14-0015460		
Date Assigned:	02/28/2014	Date of Injury:	12/21/2012
Decision Date:	06/30/2014	UR Denial Date:	01/20/2014
Priority:	Standard	Application Received:	02/06/2014

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 38 year old male who sustained an injury on 12/21/12 while picking up a heavy box. The injured worker developed complaints of left knee and low back pain. Conservative treatment included physical therapy medications for pain such as Tramadol and multiple steroid injections to the left knee, the most recent in February of 2014. The MRI of the left knee from 04/03/13 noted some mild thinning of the highland cartilage at the medial compartment with some irregularity. The injured worker had been continuing to report left knee pain without evidence of locking or catching. The most recent clinical assessments for the injured worker only discussed the not medically necessary for surgery. No updated physical examination findings were noted in the clinical records. The requested left knee chondral left knee arthroscopy with chondroplasty was denied by utilization review on 01/20/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

LEFT KNEE ARTHROSCOPY WITH CHONDROPLASTY: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management.

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

Decision rationale: In regards to the request for left knee arthroscopy with chondroplasty, this reviewer would not have recommended this procedure as medically necessary based on clinical documentation submitted for review and current evidence based guidelines. The clinical documentation did not include any recent physical examination findings for the left knee identifying loss of range of motion locking catching or substantial effusion. The MRI of the left knee from April of 2013 noted mild thinning of the highland cartilage in the medial compartment only. There was no evidence of any extensive fissuring or traumatic flap type tears of the chondral surfaces that would reasonably support chondroplasty procedures. Given the paucity of clinical information regarding current physical examination findings and lack of any significant imaging evidence to support the surgical procedures as outlined by guidelines, this reviewer would not have recommended certification for the request.