

Case Number:	CM14-0019232		
Date Assigned:	04/21/2014	Date of Injury:	04/10/2007
Decision Date:	07/02/2014	UR Denial Date:	02/03/2014
Priority:	Standard	Application Received:	02/14/2014

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 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:

This is a 47 year old female with industrial injury 4/10/07. Exam note 1/13/14 demonstrates right wrist and elbow pain with numbness and tingling distally. Report of right knee and right ankle discomfort. Report of conservative management including physical therapy have failed. Exam demonstrates right knee has 110 degrees range of motion with significant mid range patellofemoral crepitation and retropatellar tenderness along medial and lateral joint line. Right ankle reported to have swelling and tenderness over the anterior tib-fib ligaments indicating impingement. MRI right ankle 12/14/12 demonstrates moderated sized effusion in the ankle and posterior subtalar joints.

IMR ISSUES, DECISIONS AND RATIONALES

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

ARTHROSCOPY OF THE RIGHT KNEE: 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 cited guidelines does not support arthroscopic surgery in the absence of objective mechanical signs such as locking, popping, giving way, recurrent effusion or

instability. In this case the exam note from 1/13/14 does not demonstrate objective findings to support guidelines. In addition, there is no documentation of failure of an exercise program in the records prior to the contemplation of knee arthroscopy. The request is not medically necessary or appropriate.

ARTHROSCOPY OF THE RIGHT ANKLE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 374.

Decision rationale: Per the California ACOEM Guidelines, surgical consultation/intervention is indicated for patients with clear clinical and imaging evidence of a lesion shown to benefit in both the short and long term from surgical repair. In this case there is not documented evidence of failure of conservative care such as injection into the affected ankle. In addition the MRI of the ankle from 12/14/12 does not have a clear lesion shown to benefit from arthroscopy. The request is not medically necessary or appropriate.

POST-OP PHYSICAL THERAPY, 3 TIMES A WEEK FOR 6 WEEKS: 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.