MAXIMUS Federal Services

Case Number:	CM14-0019749		
Date Assigned:	04/28/2014	Date of Injury:	04/01/2008
Decision Date:	07/08/2014	UR Denial Date:	01/31/2014
Priority:	Standard	Application Received:	02/18/2014

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 69-year-old female who reported an injury on 04/01/2008. The mechanism of injury was not provided for review. The injured worker's treatment history was not provided for review. The injured worker was evaluated on 12/30/2013. It was documented that the injured worker had 5/10 to 6/10 left knee pain, 6/10 to 9/10 right foot pain, and 8/10 to 9/10 left foot pain exacerbated by walking on uneven surfaces. Objective physical findings included range of motion described as 126 degrees in flexion, 5- degrees in extension with tenderness to palpation over the medial joint line, medial patella area and pes bursa. Evaluation of the bilateral ankles documented decreased range of motion. The injured worker's diagnoses included status post left knee surgery times 2, status post left ankle metatarsal cuneiform fusion, status post right ankle metatarsal cuneiform fusion, pes anserine bursitis on the left, and medial compartment osteoarthritis. The injured worker's treatment plan included medial partial arthrotomy of the left knee and 2 x-ray views imaging of the bilateral feet with weight bearing and non-weight bearing views.

IMR ISSUES, DECISIONS AND RATIONALES

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

MEDIAL PARTIAL ARTHROTOMY OF THE LEFT KNEE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 307.

Decision rationale: The American College of Occupational and Environmental Medicine recommends surgical intervention on the knees when there are significant clinical findings reported by an imaging study and documentation of significant functional benefits that would benefit from surgical intervention. Clinical documentation submitted for review does not provide a significant treatment history to support that the injured worker has exhausted all conservative treatments and would benefit from surgical intervention. Additionally, the clinical documentation does not provide significant functional deficits that would interfere with the injured worker's functional capabilities and would require surgical intervention. Also, the request does not include an imaging study to support the need for surgical intervention. As such, the requested medial partial arthrotomy of the left knee is not medically necessary or appropriate.

TWO VIEW X-RAY OF THE BILATERAL FEET STANDING/WEIGHT BEARING AND NON-WEIGHT BEARING: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 372.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 372-374.

Decision rationale: The American College of Occupational and Environmental Medicine does not support routine imaging testing. The clinical documentation does not support that the injured worker has failed conservative treatment or has any evidence of red flag conditions that would require radiographic imaging. Additionally, there is no documentation that the injured worker is non-weight bearing. As such, the requested 2 view x-ray of the bilateral feet standing/weight bearing and non-weight bearing is not medically necessary or appropriate.