

Case Number:	CM14-0127242		
Date Assigned:	08/15/2014	Date of Injury:	09/20/2013
Decision Date:	09/25/2014	UR Denial Date:	07/30/2014
Priority:	Standard	Application Received:	08/11/2014

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:

According to the records made available for review, this is a 55-year-old female with a 9/20/13 date of injury. At the time (7/24/14) of request for authorization for Pre-op Medical Clearance, Physical therapy x12, and Surgery debridement and loose body removal - left knee, there is documentation of subjective (chronic left knee pain with swelling and giving way) and objective (decreased left knee range of motion and tenderness to palpation along the lateral joint line with crepitus) findings, imaging findings (MRI of the left knee (10/23/13) report revealed effusion with large loose bodies to the lateral patellofemoral recess; significant tricompartmental degenerative arthritis with spurring and advanced chondromalacia to all three compartments; degenerative signals both medially and laterally), current diagnoses (chronic sprain/strain of left knee with MRI evidence of pre-existing osteoarthritis with loose body), and treatment to date (at least 12 sessions of physical therapy, medications, and activity modification). In addition, medical report identifies a request for arthroscopy of the left knee for osteoarthritis with loose body removal and postoperative physical therapy x12 sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pre-op Medical Clearance: 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: Since the primary procedure is not med necessary, none of the associated services are medically necessary.

Physical therapy x12: 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: Since the primary procedure is not med necessary, none of the associated services are medically necessary.

Surgery debridement and loose body removal - left knee: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 344-345.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee, Arthroscopic surgery for osteoarthritis.

Decision rationale: MTUS reference to ACOEM guidelines identifies that referral for surgery may be indicated for patients who have activity limitation for more than one month and failure of exercise programs to increase the range of motion and strength of the musculature around the knee. ODG identifies that arthroscopic surgery for osteoarthritis is not recommended. Within the medical information available for review, there is documentation of diagnoses of chronic sprain/strain of left knee with MRI evidence of pre-existing osteoarthritis with loose body. In addition, there is documentation of a request for left knee arthroscopy for osteoarthritis with loose body removal. Therefore, based on guidelines and a review of the evidence, the request for Surgery debridement and loose body removal - left knee is not medically necessary.