

Case Number:	CM14-0136258		
Date Assigned:	09/03/2014	Date of Injury:	04/19/2014
Decision Date:	09/30/2014	UR Denial Date:	08/14/2014
Priority:	Standard	Application Received:	08/25/2014

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, has a subspecialty in Hand 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:

The claimant is a 26-year-old gentleman who injured his left knee on April 19, 2014 when his left lower leg was rolled over by a trailer. The report of an MRI of the knee dated May 14, 2014 revealed no osseous injury, meniscal, or ligamentous injury. There was an area of small full thickness chondral loss along the anterolateral femoral condyle with trace joint effusion. The report of a clinical visit on August 4, 2014 revealed continued complaints of pain in the knee despite conservative care including physical therapy. Physical examination showed an antalgic gait, full range of motion, and lateral joint line tenderness with no gross effusion. The report documented that the claimant failed conservative treatment including physical therapy and passage of time. This review is for knee arthroscopy, debridement and microfracture.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left knee scope with debridement and microfracture: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Integrated Treatment/Disability Duration Guidelines, Arthroscopy, Knee and Leg Chapter.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343-344. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

Treatment in Worker's Comp, 18th Edition, 2013 Updates: knee procedure - Microfracture surgery (subchondral drilling).

Decision rationale: Based on the California ACOEM Guidelines and supported by the Official Disability Guidelines, the request for left knee scope with debridement and microfracture cannot be recommended as medically necessary. ACOEM Guidelines recommend surgery for the knee after failure of an exercise program to increase range of motion and strengthening of musculature. According to the Official Disability Guidelines, microfracture is indicated if there is failure of medications and physical therapy for greater than two months, continued joint pain and swelling plus evidence of isolated chondral defect with no evidence of meniscal or ligamentous pathology in a patient who is younger than 45. While the claimant is documented to have an isolated lateral finding on MRI scan, there was no documentation of an acute effusion or physical examination supporting swelling to necessitate the need for the claimant's surgical process. Without documentation of physical examination finding consistent with an inflammatory process, the acute role of surgery in this individual is not supported.