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| Case Number: | CM14-0169757 | | |
| Date Assigned: | 10/17/2014 | Date of Injury: | 01/26/2013 |
| Decision Date: | 11/19/2014 | UR Denial Date: | 09/29/2014 |
| Priority: | Standard | Application Received: | 10/13/2014 |

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 Orthopaedic 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 47-year-old male tow truck driver sustained an industrial injury on 1/26/13 relative to a motor vehicle accident. Past surgical history was positive for right shoulder arthroscopic synovectomy, rotator cuff repair, acromioplasty, and subacromial decompression on 10/9/13. The 6/9/14 orthopedic report cited continuous left knee pain, over the posterior knee and under the kneecap, with swelling, popping and clicking. Episodes of buckling and giving way were reported. Pain increased with prolonged walking or standing, flexing and extending the knees, ascending or descending stairs, squatting and stooping. Physical exam documented range of motion 0-130 degrees with crepitus, medial joint line tenderness, and negative McMurray's. The treatment plan recommended physical therapy for 8 sessions and MRI of the left knee. Authorization for left knee diagnostic arthroscopy with repairs was requested. The 7/21/14 treating physician report cited left knee and right shoulder pain. The left knee felt unstable with clicking, locking and giving way. The patient had physical therapy and corticosteroid injection in the past with no significant relief. Current medications included Vicodin and over-the-counter Advil or Tylenol for pain. Left knee exam documented range of motion 0-130 degrees with crepitus and medial joint line tenderness. McMurray's test was positive. Lower extremity strength was 5/5. MRI findings showed a full thickness chondral defect of the left knee. The diagnosis included left knee internal derangement, and anxiety and depression. The treatment plan recommended left knee diagnostic and therapeutic arthroscopy with repairs due to the patient's failed physical therapy and corticosteroid injections. The 9/29/14 utilization review denied the request for left knee arthroscopy as there was no imaging evidence to corroborate a diagnosis necessitating surgical intervention and no clear indication of the types of repair to be performed. Records reviewed did not include MRI findings or evidence of conservative treatment for the left knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left knee diagnostic arthroscopy with repairs: 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), Knee and Leg, Diagnostic Arthroscopy, Indications for Surgery

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343-345, 347. Decision based on Non-MTUS Citation (ODG) Knee and Leg, Diagnostic arthroscopy

Decision rationale: The California MTUS state that surgical consideration may be indicated for patients who have activity limitation for more than one month and failure of exercise programs to increase range of motion and strength of the musculature around the knee. The Official Disability Guidelines recommend diagnostic arthroscopy when criteria are met. Indications include medications or physical therapy, plus pain and functional limitations despite conservative treatment, and inconclusive imaging. Guideline criteria have not been met. This patient presents with functional limitations with left knee pain and mechanical symptoms. There is no documentation indicating that imaging was inconclusive. There is no clear indication of the surgical repairs being contemplated. Evidence of a recent, reasonable and/or comprehensive non-operative treatment protocol trial and failure has not been submitted. Therefore, this request is not medically necessary.