

Case Number:	CM14-0174306		
Date Assigned:	10/27/2014	Date of Injury:	12/23/2012
Decision Date:	12/10/2014	UR Denial Date:	10/07/2014
Priority:	Standard	Application Received:	10/20/2014

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 Arizona. 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 51-year-old female who sustained an injury on 12/23/2012 which allegedly resulted in an osteochondral lesion of her knee. A progress note dated 8/21/2014 states that the lateral chondral lesion shows more healing than previous MRIs. The patient still has lateral joint line pain, no effusion, a full range of motion and no ligamentous laxity. The patient continues to work full time. MRI dated 8/8/2014 states there is interval healing of the osteochondral lesion of the lateral femoral condyle with mild residual subchondral impaction and minimal sclerosis and marrow edema.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left knee arthroscopy with chondroplasty and possible micro-fracture: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 344-345. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee, Indications for Surgery

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) knee, micro-fracture, chondroplasty

Decision rationale: The ODG has slightly different criteria for chondroplasty and micro-fracture surgery. However both criteria state that swelling needs to be present. Micro-fracture of the patient should be 45 years old or younger, with a stable knee and two fully functioning menisci. There also should be imaging findings of a chondral defect on the weightbearing portion of the medial or lateral femoral condyle. This patient has no swelling of the knee. However, I believe the most important factor is the fact that the lesions are healing on the round. The last MR scan states that the lesions are largely healed. Therefore since the lesions are healing on their own, the medical necessity for surgical intervention in the form of a chondroplasty and/or micro-fracture has not been established.

Associated surgical service: Assistant PA: 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 medically necessary, none of the associated services are medically necessary.

Associated surgical service: Cold therapy unit purchase: 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 medically necessary, none of the associated services are medically necessary.

Associated surgical service: Pre op EKG and labs: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) low back, preoperative EKG, preop labs

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Associated surgical service: 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 medically necessary, none of the associated services are medically necessary.