

Case Number:	CM14-0175169		
Date Assigned:	10/28/2014	Date of Injury:	05/09/2012
Decision Date:	12/04/2014	UR Denial Date:	09/26/2014
Priority:	Standard	Application Received:	10/23/2014

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 36-year-old female personal banker sustained an industrial injury on 5/9/12. Injury occurred when she twisted her left knee and it locked. The 5/24/12 left knee MRI findings revealed a chondral fissure of moderate to severe depth in the medial patellar facet. The 7/30/14 treating physician report cited continued complaints in the shoulder, low back, and knee. Knee pain was worse with walking. Her left knee was locked and did not move which aggravated her low back pain. She reported a 50-pound weight gain. She was not able to exercise at this time. Acupuncture was helping her pain. She was doing a home exercise program for the shoulder and would like to do one for her knees. Medications were helping with pain. There was no knee exam documented. The treatment plan refilled medications and indicated the patient was to start physical therapy 2 times per week for 6 weeks including 1 to 2 sessions of a home exercise program for the left knee and pool therapy. She was to continue acupuncture therapy and obtain a gym membership for weight loss. The 8/28/14 treating physician report cited diffuse left knee pain. Physical exam documented tenderness diffusely about her knee and more in the anterolateral aspect. The diagnosis was left chronic knee pain and patellofemoral chondromalacia. The patient had failed all conservative measures including therapy, acupuncture, medications, and injections. The treatment plan recommended left knee arthroscopy, debridement and chondroplasty. The 9/26/14 utilization review denied the request for left knee arthroscopy, debridement and chondroplasty based on an absence of clinical exam documentation consistent with guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left knee arthroscopy, debridement & Chondroplasty: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343-345. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder, Chondroplasty

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 criteria for chondroplasty include evidence of conservative care (medication or physical therapy), plus joint pain and swelling, plus effusion or crepitus or limited range of motion, plus a chondral defect on MRI. Guideline criteria have not been met. There was no clinical evidence documented of swelling, effusion, crepitus or limited range of motion consistent with guideline criteria for chondroplasty. 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.