

Case Number:	CM14-0022592		
Date Assigned:	06/11/2014	Date of Injury:	12/17/2013
Decision Date:	08/04/2014	UR Denial Date:	02/13/2014
Priority:	Standard	Application Received:	02/24/2014

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 Colorado and Texas. 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 injured worker is a 46-year-old male who reported injury on 12/17/2013. The diagnosis was right knee chondromalacia. The injured worker's prior treatments included Synvisc and pool therapy. The documentation of 02/06/2014 revealed the injured worker when sleeping had his knee that got stuck and it increased pain. The injured worker had tenderness when walking. The injured worker had a previous OATS procedure. The MRI revealed no evidence of chondromalacia of the patella. The MRI revealed there were findings suspicious for a localized area of partial thickness cartilage loss along the posteroinferior weight-bearing aspect of the lateral femoral condyle. The mechanism of injury was the injured worker was positioning himself in a chair of a computer work station and as the injured worker positioned himself to get closer to the work station, his right knee collided with a work station support bar. The treatment plan included a right knee arthroscopy.

IMR ISSUES, DECISIONS AND RATIONALES

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

RIGHT KNEE ARTHROSCOPY: 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 Procedure Summary.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg Chapter, Diagnostic arthroscopy.

Decision rationale: The Official Disability Guidelines indicate the criteria for diagnostic arthroscopy include medications or physical therapy, pain and functional limitations that continue despite conservative care plus the imaging should be inconclusive. The clinical documentation submitted for review indicated the injured worker had suspicion for localized area of partial thickness cartilage loss along the posteroinferior weight-bearing aspect of the lateral femoral condyle. The request as submitted failed to indicate the procedure that was being requested. There was no PR-2 or DWC Form RFA submitted requesting a specific procedure. Given the above, the request for right knee arthroscopy is not medically necessary.

POSTOPERATIVE PHYSICAL THERAPY TO THE RIGHT KNEE 3 X 6 QTY 18:
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: As the requested surgical intervention is not supported by the documentation and not medically necessary, the requested ancillary service is also not supported and not medically necessary.