

Case Number:	CM14-0039029		
Date Assigned:	06/27/2014	Date of Injury:	03/04/2013
Decision Date:	08/05/2014	UR Denial Date:	03/27/2014
Priority:	Standard	Application Received:	04/03/2014

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 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 33-year-old female sustained an industrial injury on 3/4/13. The 3/6/13 right knee x-ray report documented a negative study. Conservative treatment had included physical therapy with temporary improvement, home exercise program, activity modification, anti-inflammatories, and a cortisone injection on 6/18/13 with 6 weeks of pain relief. The patient continued to work her regular job without restrictions. The 4/17/13 right knee MRI impression documented possible low-grade sprain of the anterior cruciate ligament, very low grade fissuring of the central aspect of the medial femoral condyle, and moderate grade chondral fissuring of the trochlea. The 2/25/14 treating physician reports cited on-going right knee pain. Functional difficulty was noted in going up and down stairs, squatting, kneeling, and performing household chores. She was unable to exercise or hike. Right knee exam findings documented moderate swelling, range of motion 0-120 degrees, patellofemoral joint tenderness, positive patellar grind, and negative apprehension. The diagnosis was right knee patellofemoral syndrome with worsening pain. Authorization for right knee arthroscopic chondroplasty was requested. The 3/27/14 utilization review denied the request for right knee chondroplasty and associated services as there were no physical findings suggestive of chondral loss or fibrillation, retropatellar crepitus, or extensor malalignment. There was no imaging evidence of a chondral defect or recent focused conservative treatment. The 5/20/14 treating physician report cited on-going right knee pain with difficulty performing activities of daily living. Right knee exam documented normal gait with full weight bearing. There was no suprapatellar swelling. Range of motion was 0-120 degrees with crepitation. There was diffuse right knee tenderness with positive patellar grind sign and negative apprehension. The diagnosis was right patellofemoral syndrome. The treatment plan recommended 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 with Chondroplasty: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 345. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee & Leg (Acute & Chronic).

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

Decision rationale: The California MTUS does not provide surgical recommendations for chronic knee conditions. 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 been met. This patient presents with persistent right knee pain, intermittent moderate swelling, and continued functional limitations. Exam documented mild loss of range of motion with crepitation and positive patellar grind test. Reasonable conservative treatment, including medication and physical therapy, has been tried without sustained improvement. There is imaging documentation of moderate grade chondral fissuring of the trochlea. Therefore, this request for right knee arthroscopy with chondroplasty is medically necessary.

12 post operative physical therapy sessions: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee and Leg (Acute & Chronic).

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 25.

Decision rationale: The California Post-Surgical Treatment Guidelines for chondroplasty suggest a general course of 12 post-operative visits over 12 weeks during the 6-month post-surgical treatment period. An initial course of therapy recommended for 6 visits. If it is determined that additional functional improvement can be accomplished after completion of the general course of therapy, physical medicine treatment may be continued up to the end of the postsurgical physical medicine period. This is the initial request for post-operative physical therapy and, although it exceeds recommendations for initial care, is within the recommended general course. Therefore, this request for 12 post-op physical therapy sessions is medically necessary.

1 pair of crutches: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 338. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg, Walking aids (canes, crutches, braces, orthoses, & walkers).

Decision rationale: The ACOEM guidelines support the use of crutches for partial weight bearing for patients with knee complaints. The Official Disability Guidelines state that disability, pain, and age-related impairments determine the need for a walking aid. Assistive devices can reduce pain and allow for functional mobility. Therefore, this request for one pair of crutches is medically necessary.

1 post-operative leg brace: Overturned

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) Knee and Leg, Knee brace.

Decision rationale: The California MTUS does not provide recommendations for braces following chondroplasty. The Official Disability Guidelines support the use of pre-fabricated braces for articular defect repair. Guideline criteria have been met. Therefore, this request for one post-operative leg brace is medically necessary.

1 cold therapy unit: 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) Knee and Leg, Continuous flow cryotherapy.

Decision rationale: The California MTUS is silent regarding cold therapy units. The Official Disability Guidelines state that continuous-flow cryotherapy is an option for up to 7 days in the post-operative setting following knee surgery. While guidelines would plausibly support the use of a cold therapy unit up to 7 days, this request is non-specific. In the absence of specific duration of use, the medical necessity cannot be established. Therefore, this request for one cold therapy unit is not medically necessary.