

Case Number:	CM14-0044330		
Date Assigned:	07/23/2014	Date of Injury:	05/05/2011
Decision Date:	08/27/2014	UR Denial Date:	04/01/2014
Priority:	Standard	Application Received:	04/11/2014

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 New York. 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 patient is a 49-year-old who was injured at work. The patient has chronic back pain. The patient had lumbar epidural steroid injection. The patient also has knee pain. Magnetic resonance imaging (MRI) the right knee in September 2013 showed a very large effusion with a lipoma. There was no evidence of pigmented villonodular synovitis. MRI of the left knee in September 2013 showed a very large effusion with a lipoma. There was also no evidence of pigmented villonodular synovitis. The patient has pain in both knees. On physical examination, there is medial and lateral joint line tenderness. At issue is whether bilateral knee arthroscopy with debridement of the joint and synovectomy are medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

BILATERAL KNEE ARTHROSCOPY, DEBRIDEMENT OF JOINT AND SYNOVECTOMY: 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 Chapter.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee Pain Chapter.

Decision rationale: This patient does not meet criteria for bilateral knee arthroscopy and synovectomy. Specifically the magnetic resonance imaging (MRI) does not show any evidence of internal derangement of the knee or pigmented villonodular synovitis. In addition, the medical records do not document a recent trial and failure of adequate conservative measures to include physical therapy for sustained period of time. Since the patient has not completed an adequate trial of conservative measures for knee pain, knee arthroscopy surgery is not medically necessary at this time and guidelines are not met.

PRE-OP MEDICAL CLEARANCE: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 23.

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.

POST-OP CRUTCHES: 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.

POST-OP PHYSICAL THERAPY 2X4 WEEKS: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

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.