

Case Number:	CM14-0044421		
Date Assigned:	06/20/2014	Date of Injury:	07/24/2013
Decision Date:	08/05/2014	UR Denial Date:	03/07/2014
Priority:	Standard	Application Received:	03/19/2014

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 Texas and Colorado. 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 40-year-old male who reported an injury on 07/24/2013. The mechanism of injury involved repetitive activity. The current diagnosis is left knee chondromalacia patella with a possible medial meniscus tear. The injured worker was evaluated on 02/13/2014 with complaints of constant left knee pain. Previous conservative treatment includes physical therapy, home exercise, bracing, and an injection. Physical examination on that date revealed crepitation through range of motion, slight pivot, slight posterior drawer, tenderness to palpation, 120 degree flexion, and -3 degree extension. The treatment recommendations at that time included authorization for a left knee APA debridement. The injured worker's MRI (magnetic resonance imaging) of the left lower extremity on 11/07/2013, indicated a markedly attenuated posterior cruciate ligament (PCL) graft, moderate patellofemoral chondromalacia, blunted slightly subluxed medial meniscus, and scarred medial collateral ligament.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left knee arthroscopy and debridement: 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).

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), Knee & Leg Chapter, Diagnostic arthroscopy.

Decision rationale: The California MTUS/ACOEM Practice Guidelines state a referral for surgical consultation may be indicated for patients who have activity limitation for more than one month and a failure of exercise programs. The Official Disability Guidelines (ODG) states prior to a diagnostic arthroscopy, conservative treatment should include medications or physical therapy. There should be documentation of persistent pain and functional limitation despite conservative treatment. As per the documentation submitted for this review, the injured worker has been previously treated with physical therapy, home exercise, a knee brace, and an injection. However, the current request does not specify whether the surgery will address the left or right knee. The ODG further state a diagnostic arthroscopy is indicated when imaging is inconclusive. The injured worker's MRI (magnetic resonance imaging) did not reveal any evidence of inconclusive findings. Based on the clinical information received, the request is non-certified.

Post-operative physical therapy, three (3) times a week for four (4) weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 10 and 25-26.

Decision rationale: There was also no body part or a total duration of treatment listed in the request. Since the primary procedure (left knee arthroscopy and debridement) is not medically necessary, none of the associated services (post-operative physical therapy, three (3) times a week for four (4) weeks) are medically necessary.

Post-operative polar unit purchase: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 89-92.

Decision rationale: Since the primary procedure (left knee arthroscopy and debridement) is not medically necessary, none of the associated services (post-operative polar unit purchase) are medically necessary.