

Case Number:	CM14-0051582		
Date Assigned:	07/07/2014	Date of Injury:	08/21/2013
Decision Date:	08/06/2014	UR Denial Date:	03/20/2014
Priority:	Standard	Application Received:	04/18/2014

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:

The injured worker is a 31-year-old male who reported injury on 08/21/2013. The mechanism of injury was a trip and fall. The physical examination dated 03/12/2014 revealed the injured worker had limitations of activities of daily living and pain. The right knee examination revealed the injured worker had painful patellofemoral crepitus with motion but no patellar instability. The injured worker had a positive McMurray's test which resulted in joint line pain in the medial joint line and tenderness to palpation over the medial joint line. There was mild swelling of the knee. There was 5-/5 quadriceps strength and 5/5 hamstring strength. The diagnoses included right knee chondromalacia patella, and right knee osteochondral injury involving the medial femoral condyle 12 x 7 cm with 50% loss of articular cartilage in this region. The treatment plan included postoperative physical therapy and an arthroscopic intervention to address the osteochondral lesion of the right knee for debridement of the lesion. The injured worker underwent an MRI of the right knee with contrast on 12/18/2013 which revealed there was focal osteochondral injury involving the medial femoral condyle. There was approximately 50% loss of articular cartilage in the region. The lesion measured 12 x 7 mm in axial dimension. There was no full thickness osteochondral defect.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right knee arthroscopic osteochondral lesion debridement: 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 & Leg Chapter, Chondroplasty.

Decision rationale: The Official Disability Guidelines indicate the criteria for chondroplasty includes there should be documentation of medications of physical therapy and joint pain and swelling plus effusion or crepitus or limited range of motion plus a chondral defect on MRI. The clinical documentation submitted for review indicated the injured worker had joint pain and swelling as well as crepitus and a chondral defect on MRI. However, there was a lack of documentation indicating the injured worker had failed medication or physical therapy. The injured worker had a chondral defect on MRI. Given the above, the request for a right knee arthroscopic osteochondral lesion debridement is not medically necessary.

12 post-operative chiropractic/physiotherapy: 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.