

Case Number:	CM14-0054249		
Date Assigned:	07/07/2014	Date of Injury:	12/07/2010
Decision Date:	08/07/2014	UR Denial Date:	04/22/2014
Priority:	Standard	Application Received:	04/23/2014

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 59-year-old female who reported an injury on 12/07/2010 due to cumulative trauma while performing normal job duties. The injured worker's treatment history included physical therapy and medications. The injured worker was evaluated on 03/04/2014. It was noted that the patient had limited range of motion of the knee secondary to pain with notable swelling. The clinical documentation did reference an MRI that indicated the patient had a meniscal injury. However, a chondral defect was not referenced. The injured worker's diagnoses included medial and lateral meniscus tear of the left knee, tear of the anterior cruciate ligament of the left knee, and tricompartmental osteoarthritis of the left knee. A request was made for chondroplasty followed by postsurgical physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chondroplasty: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee & Leg, Chondroplasty, Indications for Surgery.

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 Chapter, Chondroplasty.

Decision rationale: The requested chondroplasty is not medically necessary or appropriate. The California MTUS do not address this surgical intervention. The ODG recommend chondroplasty for patients who have significant symptoms of a effusion and range of motion limitations with a chondral defect identified on an MRI. The clinical documentation submitted for review does indicate that the patient has physical findings of a chondral defect. However, there was no independent report of an imaging study provided to support the need for surgical intervention. Additionally, the request as it is submitted does not specifically identify which knee surgical intervention is being requested for. In the absence of this information, the appropriateness of the request itself cannot be determined. As such, the requested chondroplasty is not medically necessary or appropriate.

12 sessions of post op physical therapy: 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.