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| Case Number: | CM14-0063615 | | |
| Date Assigned: | 07/11/2014 | Date of Injury: | 11/15/2012 |
| Decision Date: | 08/08/2014 | UR Denial Date: | 05/05/2014 |
| Priority: | Standard | Application Received: | 05/06/2014 |

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 Orthopaedic 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 55 year old female who sustained an injury to the left knee in an industrial accident under unstated circumstances. She has persistent left knee pain and mechanical symptoms of locking and catching. This patient has not responded to physical therapy, medications, activity modification, transcutaneous electrical nerve stimulation, and thermal modalities. No formal reports of imaging studies of the left knee are provided in the records for review, but the treating physician reported an 11/26/2012 magnetic resonance imaging of the left knee demonstrated generalized Grade II chondromalacia of the medial and lateral patellar facets with focal Grade IV chondromalacia suggested by subchondral bone marrow edema. Utilization review notes indicate 12/6/2012 plain films of the left knee showed minimal degenerative changes of the medial compartment and patellofemoral joint. There is no documentation of more recent imaging studies of the left knee. When evaluated on 4/28/2014 by her primary treating physician, the injured worker complained of 5-6/10 left knee pain. Range of motion of the left knee was 0-150 degrees; mild left knee swelling was present; and medial and lateral joint line tenderness was present. No ligamentous, patellar or meniscal testing was documented. The treating physician, a spine surgeon who is following the injured worker's low back complaints and managing her chronic pain, noted the patient is being followed by an orthopaedic surgeon for her knee complaints. Her knee surgeon has recommended a left knee arthroscopy and patellar chondroplasty. No records were provided from the knee consultant. The carrier had denied the request for the knee procedures on the basis that the American College of Occupational and Environmental Medicine guidelines find patellar chondroplasty to be of questionable benefit. That denial is being appealed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left knee arthroscopy chondroplasty of the patella and debridement: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 345 of 358.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343, 347. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee, Diagnostic Arthroscopy Official Disability Guidelines (ODG), Knee, Chondroplasty.

Decision rationale: There is a lack of documentation of any records from the knee consultant who is following the injured worker for her knee complaints and who has actually requested the authorization for the knee surgery. There is no documentation of any recent imaging studies or a complete examination of the left knee including knee testing. The American College of Occupational and Environmental Medicine and Official Disability Guidelines note that a complete recent clinical history and examination is to be documented prior to recommending treatment. Absent this documentation, the requested left knee surgery cannot be recommended, as the medical necessity of the requested procedures has not been established.