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| Case Number: | CM14-0066363 | | |
| Date Assigned: | 07/11/2014 | Date of Injury: | 12/17/2013 |
| Decision Date: | 08/13/2014 | UR Denial Date: | 04/22/2014 |
| Priority: | Standard | Application Received: | 05/09/2014 |

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 45-year-old male who reported injury on 12/17/2013. Prior treatments included physical therapy, knee brace, medications and cortisone injections. The injured worker underwent an MRI of the right knee on 12/27/2013. The documentation of 04/11/2014 revealed the injured worker was status post cortisone injection and was doing better with moderate pain. The injured worker indicated that clicking and catching continued. The physical examination revealed the injured worker had 1+ effusion and a positive patellofemoral grind/crepitus. The injured worker had positive medial joint line pain and a positive Bragland's/Bohler's test. The diagnosis included knee pain. The treatment plan was noted to be a knee arthroscopy with a possible chondroplasty since mechanical symptoms continued. The documentation indicated the injured worker had been treated with cortisone injections, physical therapy, topical NSAIDS and bracing. Additionally, it was indicated that postoperatively, the injured worker would need a series of 3 hyaluronic acid injections.

IMR ISSUES, DECISIONS AND RATIONALES

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

Surgery Right Knee Arthroplasty, Chondroplasty: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 116, 344-345. Decision based on Non-MTUS Citation Official Disability Guidelines-Indications for Surgery.

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, Chondroplasty.

Decision rationale: The ACOEM Guidelines indicate that surgical consultations may be appropriate for injured workers who have activity limitation for more than 1 month and a failure of exercise program to increase range of motion and strength of musculature around the knee. They do not specifically address chondroplasties. As such, secondary guidelines were sought. The Official Disability Guidelines indicate that the criteria for a chondroplasty include; there should be documentation of conservative care including physical therapy and documentation of joint pain and swelling plus effusion or crepitus as well as a chondrol defect on the MRI. The clinical documentation submitted for review indicated the injured worker had a failure of physical therapy, and had joint pain as well as effusion. However, there was lack of documentation of swelling and a chondral defect on the MRI. Given the above, the request for surgery right knee arthroplasty, chondroplasty is not medically necessary.

Assistant Surgeon: 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.

Surgery at Fremont Surgery Center: 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.

Pre-op, EKG done in the office: 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.

Hyaluronate Injection, HA x 3 to be done postoperatively: 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.