MAXIMUS Federal Services

Case Number:	CM14-0069826		
Date Assigned:	07/14/2014	Date of Injury:	02/24/2012
Decision Date:	09/16/2014	UR Denial Date:	04/14/2014
Priority:	Standard	Application Received:	05/15/2014

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 Occupational Medicine 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:

Patient is a 36-year-old male who has submitted a claim for status post left knee video arthroscopy with lateral release, left knee chondromalacia, and left knee patellar facet compression syndrome associated with an industrial injury date of 2/24/2012.Medical records from 2013 to 2014 were reviewed. Patient reported left knee pain, graded 5/10 in severity, aggravated by standing, sitting and walking. Physical examination of the left knee trace effusion and tenderness. Patient had significant crepitus about the patellofemoral joint. Range of motion of left knee was measured at 145 degrees upon flexion. There was a mildly positive patellar compression test. Anterior and posterior drawer sign were negative.Treatment to date has included left knee video arthroscopy diagnostic with lateral release on 1/18/2013, physical therapy, and medications.Utilization revealed from 4/14/2014 denied the request for a left knee arthroscopy with lysis of adhesions and meniscal and cartilage work as needed because of the absence of clear clinical special study or evidence of a lesion that would improve with surgery. The surgery was not certified, hence, the other requests such as Mobilegs crutches, Contrast compression therapy device x 7 day rental, and Postop physical therapy 2x6 weeks were likewise not certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left knee arthroscopy with lysis of adhesions and meniscal and cartilage work as needed:
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 Section, Diagnostic Arthroscopy.

Decision rationale: The CA MTUS does not specifically address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers Compensation, the Official Disability Guidelines (ODG) was used instead. ODG states that indications for diagnostic arthroscopy include documented pain and functional limitations despite of conservative care and when imaging study is inconclusive. Second look arthroscopy is only recommended in case of complications from OATS or ACI procedures, to assess how the repair is healing, or in individual cases that are ethically defendable for scientific reasons, only after a thorough and full informed consent procedure. In this case, patient underwent left knee video arthroscopy diagnostic with lateral release on 1/18/2013. Patient complained of persistent left knee pain despite the surgery. The documented rationale for arthroscopy was because of failure of patient to return to work despite extensive conservative management. The impression was presence of a scar tissue in and around the lateral release site. However, there were no significant physical examination findings to corroborate patient's symptoms aside from presence of tenderness and crepitus. Range of motion of the left knee was measured at 0 to 145 degrees of flexion. Moreover, the official MRI accomplished post-surgery was not made available in the records submitted. [redacted] impression on 7/19/2014 was "an essentially normal MRI". Guideline criteria were not met. The medical necessity cannot be established due to insufficient information. Therefore, the request for left knee arthroscopy with lysis of adhesions and meniscal and cartilage work as needed is not medically necessary.

Mobilegs crutches: 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.

Contrast compression theapy device x 7 day rental: 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.

Postop physical therapy 2x6 weeks: 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.