

Case Number:	CM14-0076019		
Date Assigned:	07/16/2014	Date of Injury:	05/13/2013
Decision Date:	08/15/2014	UR Denial Date:	04/28/2014
Priority:	Standard	Application Received:	05/23/2014

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 Surgeon and is licensed to practice in 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 47-year-old male who reported injury on 05/13/2013. Prior treatments included activity modification and medications. The injured worker underwent a left knee surgery on 01/31/2014 and participated in physical therapy for the left knee. The injured worker underwent an MRI of the right knee without contrast on 12/27/2013 which revealed the injured worker had edema in the superolateral portion of the Hoffa's fat pad between the patellar tendon and the lateral femoral condyle, which can be seen with patellar tendon lateral femoral condyle friction syndrome. The injured worker had intact bones, ligaments, tendons, muscles, and menisci in the right knee. The documentation of 04/15/2014 revealed the injured worker's right knee was acting up. The injured worker indicated he would like the right knee to be examined. The physician felt the right knee was hurting in the same fashion. Since the left knee had been treated and felt better through arthroscopy, he would like the same treatment for his right knee. The examination of the right knee revealed some crepitation, extension of 0 and flexion of 130 degrees. The physician reviewed the MRI and opined it was unimpressive for any significant meniscus tear and the injured worker could possibly have some chondromalacia or patellar plica. The diagnosis was internal derangement nonspecific changes, right knee; possible synovial plica, possible chondromalacia. The treatment plan included, as the injured worker would like to have his knee evaluated arthroscopically, the request would be made for authorization.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right knee Arthroscopic debride, partial meniscectomy, synovectomy, chondroplasty:
Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints
Page(s): 343-345.

Decision rationale: The ACOEM Guidelines indicate that a surgical consultation may be appropriate for an injured worker who has activity limitations for more than 1 month and a failure of an exercise program to increase range of motion and strength of the musculature around the knee. The clinical documentation submitted for review indicated the injured worker had previously undergone physical therapy for his left knee. There was a lack of documentation indicating a trial and failure of physical therapy specifically directed at the right knee. There was a lack of documentation of objective findings to support the necessity for surgical intervention. Given the above, the request for right knee arthroscopy debride, partial meniscectomy, synovectomy, and chondroplasty is not medically necessary.

12 lead EKG with interpretation and report preop: 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.

Physical Therapy post-op right knee 3 X 4: 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.