

Case Number:	CM14-0187161		
Date Assigned:	11/17/2014	Date of Injury:	10/23/2010
Decision Date:	01/05/2015	UR Denial Date:	11/03/2014
Priority:	Standard	Application Received:	11/10/2014

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:

According to the records made available for review, this is a 52-year-old female with a 10/23/10 date of injury, and left knee arthroscopic synovectomy, removal of loose body, chondroplasty medial femoral condyle and lateral femoral condyle on 9/27/13. At the time (10/27/14) of request for authorization for Left knee arthroscopy with synovectomy cicatrix excision, Left knee arthroscopy chondroplasty, associated surgical service: Post-op physical therapy x 12, and associated surgical service: Pre-op lab: CBC, there is documentation of subjective (left knee pain) and objective (decreased range of motion of the left knee, mild effusion, and pain with catching and locking in the left knee) findings, imaging findings (MRI of the left knee (9/10/14) report revealed grade 3 chondral thinning involving the central portion of the left medial tibial plateau, left trochlear cartilage, and a chondral flap tear involving the lateral femoral condyle; mild left patellar tendinosis; and degeneration of the posterior horn of the medial meniscus), current diagnoses (mild osteoarthritis of the left knee; left joint effusion with synovitis; and status post left knee arthroscopy with synovectomy, chondroplasty of the medial femoral condyle, chondroplasty of the lateral femoral condyle, and loose body removal), and treatment to date (medications). Regarding Left knee arthroscopy with synovectomy cicatrix excision and chondroplasty, there is no documentation of additional subjective (swelling) findings.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left knee arthroscopy with synovectomy cicatrix excision: 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. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee, Chondroplasty

Decision rationale: MTUS reference to ACOEM guidelines identifies that referral for surgery may be indicated for patients who have activity limitation for more than one month and failure of exercise programs to increase the range of motion and strength of the musculature around the knee. ODG identifies documentation of failure of conservative care (physical therapy or medications), subjective (joint pain AND swelling) and objective (effusion OR crepitus OR limited range of motion) findings, and imaging findings (Chondral defect on MRI), as additional criteria necessary to support the medical necessity of Chondroplasty. Within the medical information available for review, there is documentation of diagnoses of mild osteoarthritis of the left knee; left joint effusion with synovitis; and status post left knee arthroscopy with synovectomy, chondroplasty of the medial femoral condyle, chondroplasty of the lateral femoral condyle, and loose body removal. In addition, there is documentation of failure of conservative care (medications), objective (effusion and limited range of motion) findings, and imaging findings (Chondral defect on MRI). However, despite documentation of subjective findings (left knee pain), there is no documentation of additional subjective (swelling) findings. Therefore, based on guidelines and a review of the evidence, the request for Left knee arthroscopy with synovectomy cicatrix excision is not medically necessary.

Left knee arthroscopy 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

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

Decision rationale: MTUS reference to ACOEM guidelines identifies that referral for surgery may be indicated for patients who have activity limitation for more than one month and failure of exercise programs to increase the range of motion and strength of the musculature around the knee. ODG identifies documentation of failure of conservative care (physical therapy or medications), subjective (joint pain AND swelling) and objective (effusion OR crepitus OR limited range of motion) findings, and imaging findings (Chondral defect on MRI), as criteria necessary to support the medical necessity of Chondroplasty. Within the medical information available for review, there is documentation of diagnoses of mild osteoarthritis of the left knee; left joint effusion with synovitis; and status post left knee arthroscopy with synovectomy, chondroplasty of the medial femoral condyle, chondroplasty of the lateral femoral condyle, and loose body removal. In addition, there is documentation of failure of conservative care (medications), objective (effusion and limited range of motion) findings, and imaging findings (Chondral defect on MRI). However, despite documentation of subjective findings (left knee

pain), there is no documentation of additional subjective (swelling) findings. Therefore, based on guidelines and a review of the evidence, the request for Left knee arthroscopy chondroplasty is not medically necessary.

Associated surgical service: Post-op physical therapy x 12: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines, Postsurgical Treatment Guidelines.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: There is no documentation of a pending surgery that is medically necessary. Therefore, based on guidelines and a review of the evidence, the request for Associated surgical service: Post-op physical therapy x 12 is not medically necessary.

Associated surgical service: Pre-op lab: CBC: 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: There is no documentation of a pending surgery that is medically necessary. Therefore, based on guidelines and a review of the evidence, the request for Associated surgical service: Pre-op lab: CBC is not medically necessary.