

Case Number:	CM14-0190478		
Date Assigned:	12/09/2014	Date of Injury:	07/17/2009
Decision Date:	01/30/2015	UR Denial Date:	10/23/2014
Priority:	Standard	Application Received:	11/15/2014

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 Orthopedic Surgery and is licensed to practice in Minnesota. 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 35 year-old female injured on 7/17/2009 when she got up from a squatting position and felt a pop in her left knee. Subsequently the left knee pain continued. An MRI scan of the left knee dated November 7, 2011 was normal. No documentation pertaining to any surgery is submitted. A request for motorized cold unit is dated 8/28/2014. This was noncertified by utilization review on 9/2/2014 citing guidelines that state it is used post-surgery for a limited time, usually 7 days. There is also a request dated 8/28/2014 for durable medical equipment-interferential unit. This was noncertified by utilization review on 9/2/2014 citing MTUS guidelines indicating interferential stimulation may not be considered until injured worker has had a trial of TENS. A request for chiropractic physical therapy was certified on 9/2/2014 for 12 visits. A request for functional capacity evaluation was also certified on 9/2/2014. A request for topical compounded cream dated 8/28/2014 was noncertified by utilization review on 9/2/2014. The noncertification of the interferential unit was appealed on 9/25/2014 and was noncertified on 10/2/2014 as the 30 day trial of TENS had not been submitted. The request for the cold therapy unit was appealed on 9/25/2014 and again noncertified on 10/2/2014. Documentation with regard to any prior surgery was not submitted. There is a request for surgery dated 10/21/2014 consisting of arthroscopy left knee with debridement/chondroplasty. A handwritten progress note dated 10/15/2014 was submitted which does not include a detailed examination of the knee. The findings included well-healed portals of previous surgery and positive lateral joint line tenderness. The history is that of a left knee injury on 7/17/2009. Documentation indicates that she got up from a squatting position and felt a pop in the left knee. She underwent left knee arthroscopy based upon the notes indicating healed scars of previous surgical portals but the date of surgery or the operative findings are not known. She was continuing to have pain in the knee. A detailed examination was not submitted.

A prior MRI scan of the left knee dated November 7, 2011 was normal. No recent imaging studies are submitted. There is no documentation of any recent nonoperative treatment such as physical therapy or corticosteroid injections. The request for surgery was noncertified by utilization review on 10/23/2014. A request for compounded topical cream dated 12/2/2014 was noncertified on 12/4/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left knee arthroscopy with debridement/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, 344, 345.

Decision rationale: California MTUS guidelines indicate surgical considerations for activity limitation for more than one month, failure of exercise programs to increase range of motion and strength of the musculature around the knee, and meniscus surgery for severe mechanical symptoms and signs corroborated by MRI findings. Arthroscopic patellar shaving has not been proved and its efficacy is questionable. The documentation provided does not include a detailed history or physical examination of the knee. The MRI scan in 2011 was normal but the findings of the previous surgical procedure are not known. There is no documentation of a recent imaging study such as MRI corroborating the physical findings and indicating the reason for the requested surgery. There is no documentation of a conservative program of exercises to increase the range of motion and strength of the musculature around the knee. Based upon the above, the guideline requirements for the requested surgical procedure of left knee arthroscopy with debridement and chondroplasty have not been met and as such, the medical necessity of the request is not substantiated. Therefore this request is not medically necessary.