

Case Number:	CM14-0191403		
Date Assigned:	11/25/2014	Date of Injury:	04/22/2014
Decision Date:	01/13/2015	UR Denial Date:	10/25/2014
Priority:	Standard	Application Received:	11/17/2014

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 44-year-old male with a 4/22/14 date of injury. At the time (10/20/14) of request for authorization for Right Knee Diagnostic/Therapeutic Arthroscopy with Repair of Internal Derangement and Possible Debridement at [REDACTED], 1 Medical Clearance with Internist, 12 Post-Op Physical Therapy Sessions, and 1 Pair of Crutches, there is documentation of subjective (severe right knee pain, swelling, and instability) and objective (tenderness to palpation over the anterior joint line, positive patellar grind, positive McMurray test, and crepitus in the right knee with painful range of motion) findings, imaging findings (MRI of the right Knee (4/24/14) report revealed a grade 2 sprain of the ACL with interstitial edema and no through and through tear seen, a moderate joint effusion, a prepatellar soft tissue contusion and fluid within the deep infrapatellar bursa, intact chondral surfaces, and intact menisci without any evidence of tears), current diagnoses (internal derangement of the right knee), and treatment to date (Marcaine and Celestone injections and medications). There is no documentation of 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.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Knee Diagnostic/Therapeutic Arthroscopy with Repair of Internal Derangement and Possible Debridement at [REDACTED]: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

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 Chapter, Diagnostic Arthroscopy

Decision rationale: MTUS reference to ACOEM guidelines state 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 conservative care (medications OR Physical therapy), subjective findings (pain and functional limitations continue despite conservative care) and imaging findings (imaging is inconclusive), as criteria necessary to support the medical necessity of a diagnostic arthroscopy. Within the medical information available for review, there is documentation of a diagnosis of internal derangement of the right knee. In addition, there is documentation of failure of conservative care (medications), subjective findings (pain and functional limitations continue despite conservative care), and imaging findings (imaging is inconclusive). However, there is no documentation of 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. Therefore, based on guidelines and a review of the evidence, the request for Right Knee Diagnostic/Therapeutic Arthroscopy with Repair of Internal Derangement and Possible Debridement at [REDACTED] is not medically necessary.

Associated Surgical Service: 1 Medical Clearance with Internist: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

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.

Associated Surgical Service: 12 Post-Op Physical Therapy Sessions: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

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.

Associated Surgical Service: 1 Pair of Crutches: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

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.