

Case Number:	CM14-0200565		
Date Assigned:	12/10/2014	Date of Injury:	10/09/2012
Decision Date:	01/29/2015	UR Denial Date:	10/27/2014
Priority:	Standard	Application Received:	12/01/2014

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, has a subspecialty in Sports 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:

The injured worker is a 24-year-old female who reported an injury on 10/09/2012. The mechanism of injury was a fall. Her diagnoses were noted to include right knee lateral patellar subluxation syndrome. Past treatment was noted to include physical therapy, brace, medications, and a TENS unit. On 10/20/2014, it was noted the injured worker had right knee pain, which she rated 9/10. Upon physical examination, it was noted the injured worker had tenderness to her right knee, as well as a positive patellofemoral compression test. Her medications were noted to include tramadol 150 mg. The treatment plan was noted to include right knee arthroscopic chondroplasty, patellar and lateral retinacular release, TENS unit, and medications. A request was received for associated surgical service: anesthesia without a rationale. The Request for Authorization was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Associated surgical service: anesthesia: 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 Other Medical Treatment Guideline or Medical Evidence: Wheelless Textbook of Orthopedics

Decision rationale: The request for associated surgical service: anesthesia is not medically necessary. According to the Wheeler Textbook of Orthopedics, conscious sedation is expected with invasive surgical procedures. The clinical documentation submitted for review did not note that the requested surgical procedure had yet been approved. Consequently, the request is not supported. As such, the request for associated surgical service: Anesthesia is not medically necessary.