MAXIMUS Federal Services

Case Number:	CM14-0200804		
Date Assigned:	12/11/2014	Date of Injury:	08/24/2013
Decision Date:	02/04/2015	UR Denial Date:	11/05/2014
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 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 30-year-old male with date of injury of 8/24/2013. The mechanism of injury described is that he was stepping forward with the left leg and he stepped wrong and felt immediate left knee pain. An MRI scan of the left knee did not show any meniscal tear. In January 2014 there was worsening of symptoms and he underwent an MR arthrogram after which he received physical therapy and an injection into the knee. The injection did not relieve the pain. On examination there was tenderness to palpation over the medial greater than lateral joint line and patellar region. The examiner felt a tender palpable plica. Patellofemoral crepitus was noted. Anterior and posterior drawer signs were negative. Valgus stress test was positive. Patellar grind was positive. Range of motion was 0-144 degrees. The provider has made the diagnosis of left knee sprain/strain rule out meniscal tear, medial plica. The procedure requested is arthroscopic evaluation, arthroscopic plica resection, preoperative medical clearance, postoperative rehabilitation therapy, continuous passive motion device, Surgi Stim unit, and cool care cold therapy unit. The documentation submitted includes an MRI scan of the left knee dated October 14, 2013 which is reported to show a low-grade partial thickness intrasubstance tear of the distal portion of the anterior cruciate ligament. The menisci and collateral ligaments were all intact. An MR arthrogram was then performed on January 16, 2014. This revealed the anterior cruciate ligament to be intact. No meniscal tear or evidence of ligamentous injury was noted. Low-grade patellar chondromalacia was noted. Utilization review noncertified the surgical request citing California MTUS guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Arthroscopic Evaluation, Arthroscopic Plica Resection: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343, 344, 345.

Decision rationale: California MTUS guidelines indicate surgical considerations if there is 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. The available documentation indicates full range of motion in the knee and no activity limitation. Arthroscopic partial meniscectomy is indicated when there is clear clinical and imaging evidence of a meniscal tear with associated mechanical symptoms. There is no evidence of a meniscal tear on the MRI scan or the arthrogram. The clinical findings and the MR arthrogram suggest a question of chondromalacia of patella. The guidelines indicate that although arthroscopic patellar shaving has been performed frequently for patellofemoral syndrome, long-term improvement has not been approved and its efficacy is questionable. Therefore arthroscopy for patellar chondromalacia is not indicated. The guidelines do not support arthroscopy for excision of the synovial plica. The diagnosis is fairly clear on the MRI scan as well as the MR arthrogram and so a diagnostic arthroscopy is not necessary. Based upon the above, the request for arthroscopy of the left knee and plica resection is not supported by guidelines and as such the request is not medically necessary.

Associated surgical service: Standard preoperative medical clearance with [redacted], M.D. or an associate: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Chapter 7: Independent Medical Examinations and Consultations, page 127

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: Supervised post-operative rehabilitative therapy 3 times a week for 4 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment 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: Home continuous passive motion (CPM) device: Upheld

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

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: SurgiStim unit: 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.

Associated surgical service: CoolCare Cold Therapy Unit: Upheld

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

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.