

Case Number:	CM14-0202744		
Date Assigned:	12/15/2014	Date of Injury:	06/27/2014
Decision Date:	01/30/2015	UR Denial Date:	11/04/2014
Priority:	Standard	Application Received:	12/04/2014

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 New York. 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 patient has chronic left knee pain. MRI of the left knee from 2014 shows prepatellar swelling and low-grade tendinopathy of the quadriceps tendon. There is chondromalacia of the medial femoral condyle. On physical examination patient is a full range of motion of the knee with a mild effusion. There is pain on palpation of the medial femoral condyle. Patient has had anti-inflammatory medications, physical therapy and cortisone injection. The medical records indicate that the patient has improved with physical therapy. At issue is whether left knee surgeries medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left knee scope with chondroplasty possible biocartilage, PRP: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

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: MTUS Knee Pain Chapter.

Decision rationale: This patient does not meet established criteria for left knee surgery at this time. Specifically an office note from September 23, 2014 documents that the patient is doing

better in physical therapy is helping the patient's left knee pain. The medical records do not document an adequate trial and failure of physical therapy for left knee pain. More conservative measures are necessary. Left knee surgery is not medically needed at this time.

Post-op physical therapy one to two times a week for four weeks: 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.