MAXIMUS Federal Services

Case Number:	CM14-0208810		
Date Assigned:	12/22/2014	Date of Injury:	11/17/2011
Decision Date:	03/02/2015	UR Denial Date:	11/12/2014
Priority:	Standard	Application Received:	12/12/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: California
Certification(s)/Specialty: Orthopedic Surgery

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 42 year old female claimant with an industrial injury dated 11/17/11. An exam note from 11/04/14 states the patient returns with lumbar spine and knee pain. The patient describes the pain as aching and rates the pain an 8/10. The patient explains that the pain increases with walking and standing, and decreased with rest. Upon physical exam the patient demonstrated a right knee range of motion that is noted as 0' to 120'. She had a left knee range of motion of 0' to 130'. Exam Homan's bilaterally was noted as negative. The patient demonstrated a normal gait. There was evidence of tenderness surrounding the lumbar spine. Range of motion for the lumbar spine was noted as moderate with pain. There was tenderness surrounding the right knee along with crepitus present. Range of motion for the right knee was noted to have mild pain with motion. MRI right knee 9/29/14 demonstrates moderate to large plica with chondromalcia patella. Diagnosis is noted as meniscal knee tear, and carpal tunnel syndrome. Treatment includes a right knee arthroscopy and lateral release.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right knee arthroscopy with excision of the medical plica abrasion chrondroplasty and possible lateral release: 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), Indications for Surgery

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg, Chondroplasty.

Decision rationale: According to the ODG Knee and Leg regarding chondroplasty, criteria include conservative care, subjective clinical findings of joint pain and swelling plus objective clinical findings of effusion or crepitus plus limited range of motion plus chondral defect on MRI. In this case the MRI from 9/29/14 does not demonstrate a clear chondral defect on MRI nor does the exam note demonstrate objective findings consistent with a symptomatic chondral lesion. Therefore the request is not medically necessary and appropriate.