

Case Number:	CM14-0051637		
Date Assigned:	07/09/2014	Date of Injury:	10/04/2012
Decision Date:	01/05/2015	UR Denial Date:	03/30/2014
Priority:	Standard	Application Received:	04/18/2014

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:

This is a 38 year old female with a 10/4/12 injury date. There is a single clinical note from 2/7/13 provided in the documentation. At that time, the patient complained of left knee pain. Objective findings included medial joint line tenderness, flexion to 110 degrees, extension to neutral, equivocal McMurray's test, no instability, and pain with patellofemoral compression. The provider diagnosed the patient with left knee arthritis/chondromalacia and recommended physical therapy, NSAID medications, and Supartz injections. There was no mention or evaluation of the feet and a diagnosis of plantar fasciitis was not apparent. Diagnostic impression: left knee arthritis. Treatment to date: multiple left knee surgeries including 2 ACL reconstructions and 2 arthroscopies, steroid injections, viscosupplemental injections, medications, physical therapy. A UR decision on 4/3/14 denied the request for left knee arthroscopy with debridement and chondroplasty because the patient has had four prior knee surgeries for this condition. The request for podiatry evaluation was denied because there was no documentation of prior conservative treatment for plantar fasciitis.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left Knee Arthroscopy with Debridement and Chondroplasty: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 346-347.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343-345. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee Chapter-Chondroplasty, Arthroscopic Surgery is Osteoarthritis.

Decision rationale: CA MTUS states that 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. In addition, ODG does not recommend chondroplasty in the absence of a focal chondral defect on MRI. ODG also does not recommend arthroscopic surgery in arthritic knees. However, there is no current documentation associated with this review. The latest clinical note is from 2013. The patient is unlikely to benefit from a 5th knee surgery at this time and there is no record of recent conservative treatment. Therefore, the request for Left Knee Arthroscopy with Debridement and Chondroplasty is not medically necessary.

Podiatry Evaluation and Treatment: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), Chapter 7.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Chapter 6, pages 127, 156.

Decision rationale: CA MTUS states that consultations are recommended, and a health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present or when the plan or course of care may benefit from additional expertise. However, there was only a single clinical note from 2013 submitted for review, and there was no documentation of foot symptoms or a diagnosis of a foot disorder. Therefore, the request for Podiatry Evaluation and Treatment is not medically necessary.