

Case Number:	CM15-0000951		
Date Assigned:	01/12/2015	Date of Injury:	11/06/2014
Decision Date:	03/17/2015	UR Denial Date:	12/03/2014
Priority:	Standard	Application Received:	01/05/2015

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 47-year-old female who sustained an industrial injury on 11/06/2014. The mechanism of injury has not been provided with the clinical documentation submitted for review. The diagnoses have included right knee sprain and right knee medial meniscus tear. Treatment to date has included diagnostic testing, including x-rays and magnetic resonance imaging (MRI). Exam note of 11/24/14 demonstrates that the claimant complained of right knee popping. Range of motion was noted to be 5 degrees of extension and 130 degrees of flexion with positive tenderness to palpation over the joint line. MRI right knee 11/17/14 demonstrates meniscus tear with moderate chondromalacia of the medial femoral condyle and moderate Baker cyst and small joint effusion. She is on modified work. Currently, the IW complains of intermittent knee pain described as a 4/10. She reports limping by the end of the day and the knee frequently pops. Objective findings include an antalgic gait with a right limp. She has mild effusion and medial joint line tenderness of the right knee. Range of motion is close to full. 12/03/2014, Utilization Review non-certified a right knee arthroscopy and 6 post-op physical therapy visits noting the lack of documentation regarding failed conservative treatment and medical necessity. The, ACOEM an ODG Guidelines were cited. On 1/05/2015, the injured worker submitted an application for IMR for review of right knee arthroscopy and 6 post-op physical therapy visits.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right knee outpatient arthroscopy with crutches: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Knee and Leg, Chondroplasty Knee and Leg, Walking aids

Decision rationale: CA MTUS/ACOEM is silent on the issue of chondroplasty. 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 11/17/14 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 determination is for non-certification for the knee arthroscopy and associated crutches.

Five sessions of post-operative physical therapy,: 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.