MAXIMUS Federal Services

Case Number:	CM15-0003098		
Date Assigned:	01/14/2015	Date of Injury:	01/21/2014
Decision Date:	03/23/2015	UR Denial Date:	12/29/2014
Priority:	Standard	Application Received:	01/07/2015

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, Sports Medicine

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 53-year-old male who reported an injury on 01/21/2014 due to an unspecified mechanism of injury. A PR-2 report dated 12/11/2014 states that the injured worker presented for a followup evaluation. It was noted that he had reported medial joint line pain. A physical examination showed mild left knee effusion and left medial parapatellar pain. He was noted to have grade 2 laxity with 20 degrees of flexion. It should be noted that the document provided was handwritten and illegible. No imaging studies were provided for review regarding the left knee. He was diagnosed with left knee lateral tibial plateau fracture, acute MCL tear, and injury sulcus plantaris. The treatment plan was for a left knee arthroscopic surgery. The rationale for treatment was to alleviate the injured worker's knee symptoms.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left knee arthoscopic: 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), Knee and Leg Chapter, Menisectomy

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

Decision rationale: The request for a left knee arthroscopic procedure is not supported. The California ACOEM Guidelines state that surgery is only recommended for those who have activity limitations for more than 1 month and who have failed exercise programs. Based on the clinical documentation submitted for review, the injured worker was noted to be symptomatic regarding the left knee. However, there is a lack of documentation showing that she has tried and failed all recommended conservative treatment options to support the request for an arthroscopic procedure. Also, no imaging studies were provided for review regarding the left knee to support a surgical intervention. In the absence of this information, the request would not be supported by the evidence based guidelines. As such, the request is not medically necessary.