

Case Number:	CM15-0108207		
Date Assigned:	06/12/2015	Date of Injury:	08/27/2014
Decision Date:	07/14/2015	UR Denial Date:	05/05/2015
Priority:	Standard	Application Received:	06/04/2015

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, Indiana, Oregon
 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 48-year old female, with a reported date of injury of 08/27/2014. The diagnoses include left knee strain/sprain. Treatments to date have included twelve sessions of physical therapy; oral medications; an MRI of the left knee on 09/13/2014 which showed chronic degenerative-type tearing of the lateral meniscus with significant lateral compartment chondromalacia and geode formation, minor patellofemoral chondromalacia, extensor mechanism tendinosis, and peripatellar bursitis and moderate effusion; and an x-ray of the left knee on 09/02/2014 which showed mild degenerative joint space loss at the medial femorotibial compartment. The progress report dated 04/02/2015 indicates that the injured worker had a painful left knee. The objective findings include a painful left knee and synovial swelling. The treatment plan included a left knee arthroscopy, medial meniscectomy, and chondroplasty. The progress report dated 05/05/2015 indicates that the injured worker had a left knee injury with meniscal tear in 2009, and the left knee popped, locked, and grinded. It was noted that it was very painful with kneeling, squatting, climbing, and prolonged walking. The objective findings include left knee antalgic gait, moderate swelling, crepitus, positive McMurray's, and decreased range of motion. The treating physician requested pre-operative laboratory works, twelve (12) sessions of post-operative physical therapy for the left knee, and one left knee arthroscopy with chondroplasty.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left Knee Arthroscopy with Chondroplasty: Upheld

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

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

Decision rationale: CA MTUS/ACOEM is silent on the issue of chondroplasty. According to the ODG Knee and Leg regarding chondroplasty, Criteria include ALL of the following; 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 9/13/14 does not demonstrate a clear chondral defect nor does the exam note demonstrate objective findings consistent with a symptomatic chondral lesion. Therefore, the determination is not medically necessary.

12 Sessions of Post-Op PT for The Left Knee: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

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

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Associated surgical services: Pre-Op Lab Works (CBC with Diff, EKG, CXR, PT, Partial PT, INR, BMP, UA): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.