

Case Number:	CM15-0010251		
Date Assigned:	01/28/2015	Date of Injury:	05/24/2014
Decision Date:	04/07/2015	UR Denial Date:	12/18/2014
Priority:	Standard	Application Received:	01/20/2015

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: Minnesota, Florida
 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 40-year-old male, who sustained an industrial injury on May 24, 2014. He has reported low back and left knee pain. The diagnoses have included left knee internal derangement, lumbar disk herniation, lumbar facet syndrome and lumbar radiculitis. Treatment to date has included radiographic imaging, diagnostic studies, conservative therapies, pain medications and work restrictions. Currently, the IW complains of low back and left knee pain. The injured worker reported an industrial injury in 2014, resulting in low back pain and left knee pain. He noted slipping from a step stool when it broke, twisting his knee and falling back on his buttocks. He has been treated conservatively without resolution of the pain. Evaluation on October 2014, revealed continued pain. Left knee surgery and physiotherapy was requested. Evaluation on December 11, 2014, revealed continued pain. Another request for left knee surgery was made. On December 18, 2014, Utilization Review non-certified a request for Left knee arthroscopy, noting the MTUS, ACOEM Guidelines, (or ODG) was cited. On January 16, 2015, the injured worker submitted an application for IMR for review of requested Left knee arthroscopy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left knee arthroscopy: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG: Section: Knee, Topic: Diagnostic arthroscopy.

Decision rationale: The primary treating physician's (chiropractic) progress report dated August 18, 2014 indicates subjective complaints of low back pain and left knee pain and discomfort. The low back pain was radiating down the left lower extremity and was rated 7/10. He also continued to complain of constant moderate sharp anterior and posterior left knee pain and discomfort that he rated 7/10. He had seen an orthopedic surgeon on 8/14/2014 and received a corticosteroid injection into the left knee and was given a hinged knee brace. Surgery was advised. Examination on that day revealed 30 loss of range of motion in the flexion and 5 in extension. 2+ effusion was reported. He was tender over the patella tendon and posterior knee. Apley's test was positive. Pivot shift was reported to be positive. However, anterior drawer and Lachman were not reported. MRI scan of the left knee performed on 6/23/2014 was reported to show mild extensor tendinopathy, mild patellofemoral osteoarthritis, medial plica, small to moderate effusion and small popliteal cyst, no meniscal or ligamentous tears were identified. A follow-up chiropractic report dated December 11, 2014 is noted. Authorization was requested for left knee arthroscopic surgery. On December 18, 2014 utilization review noncertified the request for arthroscopy of the left knee citing ODG criteria for diagnostic arthroscopy. Information with regard to conservative treatment was not provided. Therefore the left knee arthroscopy was not medically necessary. Additional documentation has now been provided including an orthopedic note dated August 14, 2014. The physical findings included generalized swelling of the left knee with tenderness to palpation but no instability. A detailed orthopedic examination was not performed. Documentation indicates symptoms of locking, catching, and giving way since April. He still had swelling and pain. Injection treatment was advised. Anterior cruciate ligament reconstruction was to be considered. However, there was no instability documented on examination and the MRI did not show any anterior cruciate ligament tear. The documentation indicates that he had done no physical therapy and was advised 8 treatments before surgery. Additional notes from September 25, 2014 indicate that his knee buckled on one occasion and he was complaining of increased pain and requesting stronger pain medication. He was taking Norco 10 mg. Physical examination confirmed meniscal signs. He had a positive McMurray and positive Apley's compression test. A detailed physical examination was not included. The documentation provided does not indicate physical therapy or a home exercise program. The only conservative treatment was with opioid analgesics. There was one corticosteroid injection documented but the results are not known. ODG criteria for a diagnostic arthroscopy include conservative care with medications or physical therapy plus subjective clinical findings plus imaging clinical findings being inconclusive. In this case, the conservative treatment has only included opioid analgesics. There is no physical therapy or home exercise program documented. One corticosteroid injection is documented but the results are not known. The MRI revealed mild patellofemoral osteoarthritis. Therefore the MRI findings are not inconclusive. In light of the above, the ODG criteria for diagnostic arthroscopy have not been met and as such, the request for arthroscopy of the left knee is not supported and the medical necessity has not been substantiated.