

Case Number:	CM15-0186541		
Date Assigned:	10/01/2015	Date of Injury:	01/17/2014
Decision Date:	12/11/2015	UR Denial Date:	08/14/2015
Priority:	Standard	Application Received:	09/22/2015

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 52-year-old male, who sustained an industrial injury on 1-17-14. Medical records indicate that the injured worker is undergoing treatment for left knee pain and a left knee small osteochondritis dissecans lesion. The injured worker was currently temporarily totally disabled. On (7-28-15) the injured worker complained of left knee pain with prolonged standing or walking activity. The left knee pain was noted to be no better. The injured worker was noted to be off work due to progression of the bone marrow edema noted on a recent MRI. Examination of the right knee revealed a mild effusion and pseudo-laxity to valgus stress at 20 degrees of flexion. The knee was stable in full extension. Mild crepitus was noted with flexion and extension. The medial joint line was 2+ tender. Range of motion was 1-135 degrees. Treatment and evaluation to date has included medications, unloader knee brace and MRI of the left knee (7-7-15). The MRI of the left knee revealed changes consistent with subchondral fracture verses osteochondritis dissecans without any fragment displaced. Excessive lateral pressure syndrome is suspected. There was mild compromise to the articular cartilage underneath the questionable osteochondritis dissecans-subchondral fracture. A current medication list was not provided in the medical records. Current treatment requests included a left knee arthroscopic meniscectomy, chondroplasty, synovectomy and subchondroplasty, pre-operative labs (CHEM 7, CBC, urinalysis and electrocardiogram), pre-operative clearance and associated services including crutches and an ice machine. The Utilization Review documentation dated non-certified the requests for a left knee arthroscopic meniscectomy,

chondroplasty, synovectomy and subchondroplasty, pre-operative labs (CHEM 7, CBC, urinalysis and electrocardiogram), pre-operative clearance and associated services including crutches and an ice machine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left knee arthroscopic meniscectomy, chondroplasty, synovectomy, subchondroplasty:
Upheld

Claims Administrator guideline: Decision based on MTUS Knee Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg (updated 07/10/2015) - Online Version ; <http://www.ncbi.nlm.nih.gov/pubmed/15002354>.

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

Decision rationale: The CA MTUS/ACOEM Guidelines are silent on subchondroplasty for the knee. According to the Official Disability Guidelines, subchondroplasty for the knee is not recommended. Use is not supported for full thickness chondral defects or joint space narrowing in osteoarthritis. Has been used for consistently painful bone bruising on MRI or bone scan, with weight bearing pain, but evidence is limited or lacking. There is no quality peer-reviewed literature. In this case, the request is for a procedure not recommended by guidelines and is therefore not medically necessary.

Pre-op labs - CBC: Upheld

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

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.

Pre-op labs - CHEM 7: Upheld

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

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.

Pre-op labs - UA: Upheld

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

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.

Pre-op labs - EKG: Upheld

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

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.

Associated surgical service: Crutches: Upheld

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

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.

Associated surgical service: Ice Machine: Upheld

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

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.

Pre-op clearance from primary doctor: Upheld

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

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.