

Case Number:	CM15-0189632		
Date Assigned:	10/02/2015	Date of Injury:	06/30/2014
Decision Date:	12/14/2015	UR Denial Date:	09/15/2015
Priority:	Standard	Application Received:	09/25/2015

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 33 year old male with an industrial injury dated 06-30-2014. A review of the medical records indicates that the injured worker is undergoing treatment for tear medial meniscal knee, Hoffa's disease, and joint pain of left lower leg. According to the progress note dated 07-23-2015, the injured worker reported left knee pain, progressively improved with physical therapy. Pain level was 4 out of 10 on a visual analog scale (VAS) on a "bad day". The injured worker reported that the pain increased with activity and decrease with non-activity, physical therapy and rest. Objective findings (07-23-2015) revealed positive McMurray's on the left and tenderness to palpitation over the medial and lateral joint lines on the left. Left knee range of motion was flexion of 90-150 and extension of -10-0. According to the progress note dated 08-27-2015, the injured worker reported left knee pain at the medial aspect of the inferior pole of the patella and weakness. Objective findings (08-27-2015) revealed maximum tenderness in the inferior pole of patella and normal active pain free range of motion. Left knee flexion was 130 degrees and extension was 3 degrees. The treating physician reported that the X-rays of the bilateral knees dated 08-27-2015 revealed no evidence of fracture, dislocation or destructive lesion. The treating physician also reported well maintained joint spaces with no abnormal soft tissue. Treatment has included diagnostic studies, prescribed medications, two left knee injections, acupuncture, 24 physical therapy and periodic follow up visits. The treatment plan included left knee surgery and associated surgical services. The treating physician prescribed services for arthroscopic debridement (chondroplasty), medial and lateral meniscectomy, complete synovectomy to the left knee, Pre-op medical clearance, Pre-op labs, PT-PTT-INR,

Pre-op labs, Basic Metabolic Panel (BMP) Pre-op labs, CBC with differential , Pre-op Urinalysis, Pre-op EKG, Pre-op Chest X-ray, Post-op physical therapy 2 x 6 for the left knee, associated surgical service: cold therapy unit x 7 days rental and associated surgical service: crutches purchase. The utilization review dated 09-15-2015, non-certified the request for arthroscopic debridement (chondroplasty), medial and lateral meniscectomy, complete synovectomy to the left knee, Pre-op medical clearance , Pre-op labs, PT-PTT-INR, Pre-op labs, Basic Metabolic Panel (BMP)Pre-op labs, CBC with differential , Pre-op Urinalysis, Pre-op EKG, Pre-op Chest X-ray, Post-op physical therapy 2 x 6 for the left knee, associated surgical service: cold therapy unit x 7 days rental and associated surgical service: crutches purchase.

IMR ISSUES, DECISIONS AND RATIONALES

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

Arthroscopic debridement (chondroplasty), medial and lateral meniscectomy, complete synovectomy to the left knee: Upheld

Claims Administrator guideline: Decision based on MTUS Knee Complaints 2004.

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 imaging does not demonstrate a clear chondral defect nor does the exam note demonstrate objective findings consistent with a symptomatic chondral lesion. Therefore the request is not medically necessary.

Pre-op medical clearance: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability 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: As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.

Pre-op labs, PT/PTT/INR: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability 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: As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.

Pre-op labs, Basic Metabolic Panel (BMP): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability 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: As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.

Pre-op labs, CBC with differential: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability 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: As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.

Pre-op Urinalysis: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability 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: As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.

Pre-op EKG: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability 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: As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.

Pre-op Chest X-ray: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability 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: As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.

Post-op physical therapy 2 x 6 for the left knee: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment 2009.

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: As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.

Associated surgical service: Cold therapy unit x 7 day's rental: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Continuous Flow Cryotherapy.

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: As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.

Associated surgical service: Crutches purchase: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee and Leg, Walking Aids.

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: As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.