

Case Number:	CM15-0029100		
Date Assigned:	02/23/2015	Date of Injury:	08/29/2014
Decision Date:	04/02/2015	UR Denial Date:	02/05/2015
Priority:	Standard	Application Received:	02/17/2015

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: Illinois, California, Texas
 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 19-year-old male who sustained an industrial injury on 8/29/14. Injury occurred when he was pulling a pallet jack full of water backwards, and his knee popped with onset of pain and swelling. The 9/19/14 left knee MRI impression documented evidence of direct blunt trauma to the anteromedial knee, significant focal soft tissue edema around the medial and anterior medial aspect of the knee with a large subcutaneous hematoma, large bone marrow contusion in the anteromedial medial femoral condyle, and small bone marrow contusion in the anteromedial tibial plateau. There was a mild grade 1 sprain of the medial collateral ligament, moderate grade strain of the inferior medial patellar retinaculum with partial tearing, and mild strain of the vastus medialis muscle. Initial conservative treatment included 10 sessions of physical therapy, crutch walking, home exercise, activity modification, anti-inflammatory medications, and opioid pain medications. The 11/18/14 initial orthopedic evaluation report cited severe left knee pain with inability to either extend or bend it. He basically had a locked knee with constant pain and inability to bear weight. Left knee exam demonstrated inability to extend beyond 30 degrees or flexion beyond 40 degrees. There was marked medial side pain. The severity of the pain precluded knee exam. The diagnosis was internal derangement of the left knee with locked knee and possible early complex regional pain syndrome, left knee. The treatment plan recommended left knee arthroscopic surgery. The 1/9/15 treating physician report cited grade 8/10 left knee pain and instability, and compensatory right knee pain. He reported near falls. Left knee exam documented diffuse left knee tenderness, lacking 20 degrees of extension, and flexion 50 degrees. There was crepitation with range of motion assessment. Gait

was antalgic. The diagnosis was internal derangement left knee, possible early sympathetically maintained pain syndrome left. The left knee condition was reported refractory to extensive conservative treatment. On 02/05/2015, Utilization Review non-certified a request for left knee arthroscopy, noting that the mechanism of injury was not reported and that the physical examination did not support any intra-articular pathology. ACOEM guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left knee arthroscopy: Overturned

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343-345. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg: Diagnostic arthroscopy.

Decision rationale: The California MTUS state that surgical consideration may be indicated for patients who have activity limitation for more than one month and failure of exercise programs to increase range of motion and strength of the musculature around the knee. The Official Disability Guidelines provide indications for diagnostic arthroscopy that include conservative care (medications or physical therapy), subjective clinical findings (pain or functional limitations continue despite conservative care), and imaging is inconclusive. Guideline criteria have been met. This patient presents with significant pain and functional limitations despite medications and physical therapy. There is marked loss of range of motion and instability. Imaging findings suggest contusion and strain. The treating physician report has opined internal derangement. Given these clinical indications, this request is medically necessary.