

Case Number:	CM15-0217079		
Date Assigned:	11/06/2015	Date of Injury:	05/06/2015
Decision Date:	12/18/2015	UR Denial Date:	11/03/2015
Priority:	Standard	Application Received:	11/04/2015

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, Oregon,
 Washington 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 20 year old female with an industrial injury date of 05-06-2015. Medical record review indicates she is being treated for left knee painful medial parapatellar synovial plica. Subjective complaints (10-08-2015) included "increased pain in the left knee." The pain is described as sharp and achy and rated as 7 out of 10. The treating physician noted the injured worker was continuing to have pain over the last six months that had failed non-surgical treatment. Per the 08-27-2015 note she had received one session of physical therapy "which helped her symptoms in motion." Work status is documented as office work only and no lifting over 10 pounds. Medications included Ibuprofen. Left knee MRI (07-08-2015) was read as follows: No acute osseous abnormalities; No evidence of internal derangement, specifically the osseous structures and soft tissues area region of the patella are grossly unremarkable. Physical exam (10-08-2015) of the left knee included range of motion 0-140 degrees; no patellofemoral crepitus, patellar grind test was negative and gait was "ok." Motor strength was 4 plus 5 quadriceps and hamstrings, light touch was intact distally and the knee was stable to anterior, posterior, varus and valgus stress testing. On 11-03-2015 the request for arthroscopy left knee, synovectomy, repair-excise tissues as needed was non-certified by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Arthroscopy left knee, synovectomy, repair/excise tissues as needed: Upheld

Claims Administrator guideline: Decision based on MTUS Knee Complaints 2004, Section(s): Surgical Considerations.

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

Decision rationale: CA MTUS/ACOEM is silent on the issue of chondroplasty. According to the ODG Knee and Leg regarding chondroplasty, Criteria include 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 7/8/15 does not demonstrate a clear chondral defect on MRI nor does the exam note demonstrate objective findings consistent with a symptomatic chondral lesion. This MRI was free of internal derangement. Therefore the knee arthroscopy is not medically necessary and the determination is for non-certification.