

Case Number:	CM15-0031286		
Date Assigned:	02/24/2015	Date of Injury:	06/03/2014
Decision Date:	04/24/2015	UR Denial Date:	02/06/2015
Priority:	Standard	Application Received:	02/19/2015

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

Certification(s)/Specialty: Orthopedic Surgery, Sports Medicine

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 69-year-old female who reported an injury on 06/03/2014. The mechanism of injury was not provided. The documentation of 01/26/2015 revealed the injured worker had a prior diagnosis including bilateral knee contusion and the injured worker indicated that the left knee had been causing the greater issue at this point. The documentation indicated the injured worker underwent an MRI of the left knee which revealed degenerative cartilage changes and chondromalacia. There were noted to be some mechanical symptoms including giving way and intermittent catching. The injured worker indicated there was little swelling. The physical examination revealed mid muscle atrophy in the left knee. The ligament examination to both AP, in addition to varus and valgus, showed to be normal. There was a positive McMurrays sign with lateral and medial joint line tenderness. There was effusion with a patellar ballotement. Full range of motion was in the knee. The lower extremity was neurovascularly intact. The diagnosis included left knee internal derangement with possible chondromalacia. The treatment plan included a diagnostic arthroscopy to further delineate issues around the left knee and the origin of pain and discomfort. There was a Request for Authorization submitted for review dated 02/02/2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left knee diagnostic arthroscopy: 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 & Leg (Acute & Chronic) arthroscopy: criteria for diagnostic arthroscopy.

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

Decision rationale: The Official Disability Guidelines indicate a diagnostic arthroscopy is recommended for injured workers who have imaging that is inconclusive. There should be documentation of medications or physical therapy, plus pain and functional limitations that continue despite conservative care. The conservative care was not provided. There was a lack of documentation indicating the injured worker had pain and functional limitations. The imaging was conclusive and as such, the request for diagnostic arthroscopy would not be supported. Give the above, the request for a Left knee diagnostic arthroscopy is not medically necessary.

Associated surgical services: Surgical Assistant: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation CMS National Fee Schedule Relative Value File Online 2013/2014.

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-operative clearance- H&P (history and physical), to include EKG and Lab work: 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.

Post-operative physical therapy 2 times a week for 6 weeks (12 sessions): Upheld

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

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 services: Left knee brace for 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 & Leg (Acute & Chronic).

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.