MAXIMUS Federal Services

Case Number:	CM15-0031459		
Date Assigned:	02/24/2015	Date of Injury:	07/23/2011
Decision Date:	04/10/2015	UR Denial Date:	02/09/2015
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: 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 25-year-old female who sustained an industrial injury on 7/23/11. Past surgical history was positive for multiple left knee surgeries, including anterior cruciate ligament reconstruction. The 5/30/14 right knee MRI impression documented no significant interval change since 2012. There was mild edema seen within the superolateral aspect of Hoffa's fact pad which could be indicative of Hoffa's disease. There was a small amount of joint fluid, and degenerative intrameniscal signal within the posterior horn of the medial meniscus with no evidence of a tear. The 8/18/14 orthopedic report cited increased right knee pain since initiation of therapy, constant popping, and anterior pain when she extended the right leg. The 11/18/14 orthopedic report cited persistent right knee pain, popping, and catching. She had completed at least 6 weeks of physical therapy without lasting improvement. The treatment plan recommended right knee arthroscopy with chondroplasty. The 1/5/15 orthopedic report cited unchanged right knee pain, grade 5/10 with medications. Physical exam documented ambulation without assistive devices. Right knee exam documented tenderness to palpation over the medial and patellofemoral joints, patellofemoral crepitation, intact range of motion, pain on full extension, and mild knee joint effusion. The diagnosis was right chondromalacia patella. Surgery was re-requested. The 1/14/15 treating physician report cited on-going bilateral knee pain. Hinged knee braces had been helpful. She tried to return to work on modified duty but there was no work available and they let her go. Current medications included Norco and ibuprofen. Physical exam documented generalized pain and crepitus. MRI findings were reviewed. The treatment plan recommended bilateral knee Synvisc One injections and noted denial of aquatic

therapy and arthroscopic surgery for the right knee. On 2/9/15, utilization review non-certified right knee arthroscopy, noting there was no documentation of inconclusive (MRI) magnetic resonance imaging findings that are intended to be assessed with diagnostic arthroscopy in the context of a provided diagnosis for chondromalacia patellae. The ODG was cited. On 2/19/15, the injured worker submitted an application for IMR for review of right knee arthroscopy. The 2/18/15 treating physician report appeal letter indicated that the request for diagnostic arthroscopy met all the ODG criteria for surgery. The patient had failed to improve with physical therapy and medications, pain and functional limitations continued despite conservative treatment, and the imaging was inconclusive showing only meniscal degeneration and some general findings.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right knee arthroscopy: Overturned

Claims Administrator 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, chondroplasty.

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 guidelines 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 recommend diagnostic arthroscopy when clinical indications are met. Indications include medications or physical therapy, plus pain and functional limitations despite conservative treatment, and imaging is inconclusive. Guideline criteria have been met. This patient presents with persistent function-limiting right knee pain and associated popping and catching. Physical exam documented patellofemoral and medial joint line tenderness, crepitation, mild joint effusion, and painful extension. MRI findings are reported as inconclusive. Failure of physical therapy and medications is documented. Records indicate that a diagnostic arthroscopy is being requested. Therefore, this request is medically necessary.