

Case Number:	CM15-0050332		
Date Assigned:	03/23/2015	Date of Injury:	06/12/2013
Decision Date:	05/13/2015	UR Denial Date:	02/24/2015
Priority:	Standard	Application Received:	03/17/2015

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: 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 49-year-old female with a reported date of injury of 06/12/2013; the mechanism of injury was not provided for review. The injured worker is currently being treated for osteoarthritis of the knee. The injured worker was noted to have undergone Arthrex patellofemoral joint replacement to the left joint on 11/04/2014. A progress note, dated 07/14/2014, noted the injured worker had undergone 3 supartz injections on 04/28/2014, 05/02/2014, and 05/14/2014. At time of examination, it was noted that the injured worker stated that the injection helped the motion of the knee, but the grinding and swelling that occurs at the end of the day is persistent. It was noted that the injured worker was being seen to discuss definitive treatments. On physical examination of the knee, there was audible noise of "crunching" in both knees during deep knee bending. There was also evidence of mild effusions in both knee joints. Apley and McMurray testing were negative and the injured worker's actual pain, symptoms and findings are mostly in the patellofemoral joint. The treatment plan included a recommendation for arthroscopic debridement of the patellofemoral joint as the physician believed that this would buy the injured worker a year or two of relief versus a partial replacement of the patellofemoral joint.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right knee arthroscopy debridement: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343-345.

Decision rationale: According to the American College of Occupational and Environmental Medicine Guidelines, referral for surgical consideration may be indicated in patients who have activity limitation for more than 1 month and have failed an exercise program to increase range of motion and strength of the musculature around the knee. Additionally, the American College of Occupational and Environmental Medicine Guidelines continue by stating that arthroscopic patellar shaving has been frequently performed for patellofemoral syndrome. However, long term improvement has not been proven as efficacy is questionable. There is a lack of evidence with the documentation provided that the injured worker had failed to respond to physical therapy prior to consideration of the surgery. Additionally, the treatment guidelines do not currently recommend debridement of the patellofemoral joint as the long term efficacy remains questionable. Therefore, the request for right knee arthroscopic debridement is not medically necessary.

Post op physical therapy times 12: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 24.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 25.

Decision rationale: The California MTUS Guidelines recommend the use of postoperative rehabilitation in patients undergoing debridement for up to 12 visits over 12 weeks. However, the Official Disability Guidelines also state the initial course of therapy is 1 half of the guideline recommendations. This request exceeds the guidelines recommendations for initial course of therapy. Additionally, the requested surgery for which postoperative physical therapy is dependent was found to be not medically necessary at this time. Therefore, the request for Post op physical therapy times 12 is not medically necessary.

Associated surgical service: crutches: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg (updated 02/05/15).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 339-340.

Decision rationale: According to the American College of Occupational and Environmental Medicine Guidelines, initial treatment in patients with knee injuries may include activity authorization to include partial weight bearing gait using crutches. However, weight bearing exercises, should be provided as soon as possible to provide that no exacerbation of structural damage will occur as weight bearing helps avoid adverse effects of nonweight bearing such as loss of muscle mass, loss of strength and diffuse osteopenia. There was a lack of rationale provided for this request as debridement of the knee typically does not require partial weight bearing activity. Additionally, the requested surgery for which the crutches are dependent was found to be not medically necessary at this time. Therefore, the decision for associated surgical service: crutches are not medically necessary.

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