

Case Number:	CM15-0053431		
Date Assigned:	03/26/2015	Date of Injury:	08/24/2013
Decision Date:	05/06/2015	UR Denial Date:	03/04/2015
Priority:	Standard	Application Received:	03/20/2015

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: Minnesota, Florida
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 31 year old male/female, who sustained a work/ industrial injury on 8/24/13. He has reported initial symptoms of foot and knee pain. The injured worker was diagnosed as having sprain/strain of left knee; rule out meniscal tear, medial plica. Treatments to date included medication, durable medical equipment (DME) -cane, foot orthotics, Transcutaneous Electrical Nerve Stimulation (TENS)unit, and home exercises. Magnetic Resonance Imaging (MRI) was reported to be performed on 1/16/14. Currently, the injured worker complains of left knee pain that wakes him up from sleep. The treating physician's report (PR-2) from 2/27/15 indicated severe left knee pain in the past 4 weeks. A cane was used to reduce pressure and assist with ambulation. There was crepitus/grind. Treatment plan included left knee plica resection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left knee plica resection: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management, Chapter 13 Knee Complaints Page(s): 343; 79.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343, 344. Decision based on Non-MTUS Citation ODG, Section: Knee, Topic: Diagnostic Arthroscopy.

Decision rationale: California MTUS guidelines indicate referral for surgical consultation 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 documentation submitted indicates chronic knee pain which has not responded to conservative treatment. The MRI study has not been submitted but documentation indicates that it was negative for meniscal tear or ligamentous injury. The requested surgical procedure is a plica resection. Details of the non-operative treatment have not been submitted including number of physical therapy sessions, duration of the home exercise program, intra-articular injections, or other conservative measures. The documentation does not indicate a clear clinical and imaging evidence of a lesion that is known to benefit in both the short and long-term from surgical intervention. Based upon the negative MRI scan and the persistent clinical symptoms with the diagnosis being in doubt, a diagnostic arthroscopy may be indicated, with additional surgery depending upon the findings. The ODG criteria for diagnostic arthroscopy include conservative care with medications or physical therapy plus subjective clinical findings of pain and functional limitations continued despite conservative care plus imaging clinical findings being inconclusive. However, the surgical request as stated is for plica resection and not for diagnostic arthroscopy. As such, with the diagnosis being in doubt, the medical necessity of the requested procedure has not been substantiated.