MAXIMUS Federal Services

Case Number:	CM15-0057883		
Date Assigned:	04/02/2015	Date of Injury:	02/24/2000
Decision Date:	05/21/2015	UR Denial Date:	03/19/2015
Priority:	Standard	Application Received:	03/26/2015

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 45-year-old male, who sustained an industrial injury on 2/24/2000. The mechanism of injury was not provided. Diagnoses have included chronic pain syndrome, pain in joint, lower leg, effusion of lower leg joint, stiffness in joint, difficulty in walking and foot contusion. Treatment to date has included multiple surgical interventions for the left knee, including meniscectomy, ACL reconstruction, and most recently, an autologous chondrocyte implantation of the left medial femoral condyle at the trochlea on 04/14/2004, diagnostics, x-rays, medications and cortisone injections. Per the Primary Treating Physician's Progress Report dated 12/09/2014, the injured worker reported bilateral knee pain. He also reported persistent right foot pain. Physical examination of the knees revealed tenderness slightly at the inferior pole of the patella. It is not a significant pain. He has pain to resistance of the hamstrings and quadriceps. His ligaments are stable. The left knee has patellofemoral crepitus and patellar grind. The plan of care included diagnostics, medications, immobilization and surgical intervention and authorization was requested for underarm crutches for post-op use. There was a request for authorization dated 02/18/2015. The injured worker underwent an MRI of left knee without contrast on 09/15/2014, which revealed postsurgical changes of ACL reconstruction with intact graft. Postsurgical changes of the partial medial meniscectomy with abnormal signal within the posterior horn and posterior horn root medial meniscus that could represent postoperative granulation tissue or retearing within these regions. There was moderate tricompartmental osteoarthritis as evidenced by tricompartmental osteophyte formation. Per the 12/09/2014 office visit the injured worker had bilateral knee pain. The physician documentation indicated the

injured worker was getting progressive osteoarthritis of the left knee. The surgical history was noted to include arthroscopic knee surgery bilaterally. Medications included tramadol and Etodolac. The physical examination revealed the BMI was 31.36. There was tenderness slightly at the inferior pole of the patella. There was no significant pain. The injured worker had pain to resistance of the hamstrings and quadriceps and ligaments were stable. The left knee had patellofemoral crepitus and a patellar grind. There was good strength in the hamstrings and quadriceps on the left. X-rays of the bilateral knees revealed enthesopathy and calcification of the patellar tendon at the inferior pole of the patella bilaterally. On the right, it was opined to be broken. The physician opined it appeared to be more of an acute thing versus a chronic thing. The injured worker had osteoarthritis of the left knee particularly in the patellofemoral compartment. The treatment plan included an MRI of the right knee to rule out other issues and a knee immobilizer for the right knee. Additionally the treatment plan included a knee arthroscopy, chondroplasty and partial meniscectomy of the left knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

Knee Arthroscopy: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

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

Decision rationale: The ACOEM Guidelines indicate that surgical consultations may be appropriate for injured workers who have activity limitation for more than 1 month and the failure of an exercise program to increase range of motion and strength of the musculature around the knee. For a meniscus tear there must be symptoms other than pain, clear signs of a bucket handle tear on examination and consistent findings on an MRI. The clinical documentation submitted for review indicated the injured worker had a possible tear per the MRI. There was a lack of documentation of a failure of recent conservative care that was provided specifically for the knee. The request as submitted failed to indicate the laterality for the request. Given the above and the lack of documentation, the request for knee arthroscopy/surgery is not medically necessary.

Pair of Underarm Crutches, with no wood,: 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.

Cane Adjustable/Fixed with Tip: 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.

Cold Therapy Unit: 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.