

Case Number:	CM15-0058050		
Date Assigned:	04/02/2015	Date of Injury:	09/15/2008
Decision Date:	05/22/2015	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 58 year old female, who sustained an industrial injury on September 15, 2008. The mechanism of injury was not provided. She has reported right foot pain, lower back pain, and right knee pain. Diagnoses have included degenerative joint disease of the knee, chronic pain syndrome, right foot plantar fasciitis, right knee sprain/strain, and lumbosacral sprain/strain with disc protrusion. Treatment to date has included medications, knee injections, right foot surgery, physical therapy, use of a cane, and imaging studies. The documentation of 11/11/2014 revealed the injured worker had swelling of the right knee and the knee felt weak. The injured worker was utilizing a cane. The injured worker had buckling in the right knee. The injured worker was noted to limp on the right and walk with a slightly bent right knee with a short stride and flat foot placement. There was slight swelling and very guarded motion. The injured worker's range of motion of the right knee was +15 to 90 passively. Actively, the injured worker would not extend the knee to more than 45 degrees. There was diffuse global tenderness and poor quad strength. The diagnosis included rule out internal derangement versus chondral lesion, right knee and right knee adhesive capsulitis. The treatment plan included a right knee diagnostic arthroscopy, possible MUA, possible lateral retinacular release, and the documentation indicated the injured worker had tried and failed time, medications, therapy, and injections.

IMR ISSUES, DECISIONS AND RATIONALES

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

Diagnostic Arthroscopy, Right Knee, with possible manipulation, lateral retinacular release: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 344.

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

Decision rationale: The ACOEM Guidelines indicate that a surgical consultation may be appropriate for patients who have activity limitations for more than 1 month and a failure of an exercise program to increase range of motion and strength of musculature around the knee. There should be findings on MRI. The clinical documentation submitted for review indicated the injured worker had failed conservative care. However, the duration of conservative care was not provided. Additionally, no diagnostic studies were submitted for review. Given the above, the request for Diagnostic Arthroscopy, Right Knee, with possible manipulation, lateral retinacular release is not medically necessary.

Post-Operative Physical Therapy, 3 times weekly for 4 weeks: 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, 7 Days: 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.

Pre- Operative Clearance (due to high blood pressure): 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.