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| Case Number: | CM15-0077776 | | |
| Date Assigned: | 04/29/2015 | Date of Injury: | 01/06/2014 |
| Decision Date: | 08/03/2015 | UR Denial Date: | 04/21/2015 |
| Priority: | Standard | Application Received: | 04/23/2015 |

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

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 44 year old male, who sustained an industrial injury on 1/6/2014. He reported injury from a fall. The injured worker was diagnosed as having right knee internal derangement, right knee patello-femoral chondromalacia, left upper extremity carpal tunnel syndrome and left cubital syndrome. Right knee magnetic resonance imaging showed mild to moderate chondromalacia and an osteo chondral lesion. Treatment to date has included physical therapy, TENS (transcutaneous electrical nerve stimulation) and medication management. In a progress note dated 4/7/2015, the injured worker complains of persistent bilateral knee pain with right worse than left. MRI 3/10/14 demonstrates 9 mm osteochondral lesion involving the lateral aspect of the medial femoral condyle. The treating physician is requesting right knee arthroscopic evaluation and possible percutaneous drilling of the osteo chondral lesion to stabilize the lesion (with anesthesia), pre-operative history and physical, 12 visits of post-operative physical therapy, Norco, Tramadol, Anaprox and Keflex.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right knee arthroscopic evaluation and possible percutaneous drilling of the osteochondral lesion to stabilize the lesion (with anesthesia): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee and Leg Chapter, Microfracture Surgery (subchondral drilling).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg regarding chondroplasty.

Decision rationale: CA MTUS/ACOEM is silent on the issue of chondroplasty. According to the ODG Knee and Leg regarding chondroplasty, Criteria include conservative care, subjective clinical findings of joint pain and swelling plus objective clinical findings of effusion or crepitus plus limited range of motion plus chondral defect on MRI. In this case the MRI from 3/10/14 does not demonstrate a clear weight bear chondral defect nor does the exam note demonstrate objective findings consistent with a symptomatic chondral lesion. Therefore the determination is not medically necessary.

Pre-operative History Physical: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Office Visits.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Post-operative physical therapy 3 times a week for 4 weeks (12 sessions) for the right knee:
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.

Post-operative Norco 10/325mg #60: 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.

Post-operative Tramadol 50mg #60 or Tramadol HCL ER 150mg #30: 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.

Post-operative Anaprox 550mg #60: 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.

Post-operative Keflex 50mg #28: 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.