

Case Number:	CM15-0088087		
Date Assigned:	05/12/2015	Date of Injury:	06/07/2014
Decision Date:	07/01/2015	UR Denial Date:	04/22/2015
Priority:	Standard	Application Received:	05/07/2015

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: Illinois, California, Texas
 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 53-year-old female who sustained an industrial injury on 6/7/14. Injury occurred while working as a certified nurse's aide, when she tripped and fell. The 7/17/14 right knee MRI impression was documented as normal. The 7/29/13 bilateral lower extremity EMG/NCV study findings documented irritation of the right S1 nerve root and right L5 radiculopathy. The 2/25/15 initial orthopedic report cited constant grade 8-9/10 right knee pain with inflammation and weakness. She reported increased pain with walking and kneeling. Physical exam documented antalgic gait with a limp in the right leg. She was using a cane to assist with ambulation. Right knee exam documented range of motion -3 to 115 degrees. Varum alignment was 4 degrees bilaterally. There was lateral joint line tenderness on the right and bilateral positive chondromalacia patella compression test. X-rays were obtained and revealed moderate degenerative joint disease. The diagnosis included right knee sprain/strain, status post injection with chondromalacia patella and excessive lateral pressure syndrome (ELPS), and rule-out internal derangement. The treatment plan recommended a right knee MR arthrogram. The 4/22/15 treating physician report cited continued right knee pain and swelling. Right knee exam documented moderate effusion, tenderness to palpation over the medial and lateral joint lines. Lachman's, anterior drawer, posterior drawer, and pivot shift tests were negative. The diagnosis included right knee effusion and synovitis. The treatment plan recommended right knee arthroscopy with possible synovectomy and chondroplasty. Authorization was also requested for pre-operative clearance, post-operative Ultram, and post-operative topical medication. The 4/22/15 utilization review non-certified the arthroscopy with chondroplasty and synovectomy,

and associated surgical requests, as the MRI was reported normal and clinical exam findings did not meet guideline criteria.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right knee arthroscopy with chondroplasty, synovectomy: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation <http://www.ncbi.nlm.nih.gov/pubmed/15002354>.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343-345. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg; Chondroplasty.

Decision rationale: The California MTUS guidelines state that surgical consideration 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 Official Disability Guidelines criteria for chondroplasty include evidence of conservative care (medication or physical therapy), plus joint pain and swelling, plus effusion or crepitus or limited range of motion, plus a chondral defect on MRI. Guideline criteria have not been met. This injured worker presents with right knee pain and swelling. Physical exam documented moderate effusion and medial and lateral joint line tenderness. The 7/17/14 MRI was reported normal. A follow-up MR arthrogram was recommended but there is no evidence that this had been completed. Detailed evidence of a recent, reasonable and/or comprehensive non-operative treatment protocol trial and failure has not been submitted. Therefore, this request is not medically necessary at this time.

Preop medical clearance: 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 op Ultram: 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 op topical medication: 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.