

Case Number:	CM14-0131763		
Date Assigned:	09/05/2014	Date of Injury:	06/17/2014
Decision Date:	09/25/2014	UR Denial Date:	08/08/2014
Priority:	Standard	Application Received:	08/18/2014

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. The expert reviewer is Board Certified in Orthopedic Surgeon, and is licensed to practice in New York. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 person is a 38-year-old female with a date of injury of July 17, 2014. The patient has right knee pain. MRI of the right knee from 2014 shows a 1.5 mm area of chondromalacia grade 4 involving the intercondylar groove. On physical examination the patient has tenderness to the lateral aspect of the right knee. McMurray's test is positive. The ligaments are stable. The patient has had physical therapy and medications he continues to have pain. At issue is whether OATS procedure is medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-Operative Physical Therapy (Visits) Quantity Requested: 12.00: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since surgery is not medically necessary, then all other associated items are not needed.

Surgical Assistant: 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 surgery is not medically necessary, then all other associated items are not needed.

Right Knee OATS Procedure Quantity Request: 1.00: 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 ACOEM knee pain chapter, ODG knee pain chapter.

Decision rationale: This patient does not meet establish criteria for knee OATS procedure. The MRI shows that the patient has a chondral defect in the region of the trochlear groove. This is a relative contraindication to the OATS procedure. In addition the patient has a BMI of 43 which is well over the limited BMI of 35 for consideration for the oats procedure. The criteria for this procedure have not been met. Therefore the request is not medically necessary.