

Case Number:	CM14-0149821		
Date Assigned:	10/09/2014	Date of Injury:	12/04/2012
Decision Date:	12/05/2014	UR Denial Date:	08/25/2014
Priority:	Standard	Application Received:	09/15/2014

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, has a subspecialty in Adult Reconstruction Surgery and is licensed to practice in Alabama. 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 injured worker is a 57-year-old male who reported an injury on 12/04/2011. The mechanism of injury was not stated. The current diagnoses included lumbar disc protrusion, lumbar myalgia, and lumbar myospasm. The latest physician progress report submitted for this review was documented on 03/03/2014. The injured worker presented with complaints of persistent neck pain, low back pain, and shoulder pain. The physical examination revealed tenderness to palpation with guarding and spasm in the paravertebral region bilaterally, trigger points in the lumbar paraspinal muscles, diminished motor strength, and restricted range of motion secondary to pain. The treatment recommendations at that time included physical therapy 3 times per week for 4 weeks. There was no Request for Authorization form submitted for this review. It is noted that the injured worker underwent an MRI of the right knee on 04/02/2014, which revealed mild to moderate chondral thinning within the patellofemoral compartment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral Knee Arthroscopy Qty 2.00: Upheld

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

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

Decision rationale: The California MTUS/ACOEM Practice Guidelines state a referral for surgical consultation may be indicated for patients who have activity limitation for more than 1 month and a failure of exercise programs. There was no physician progress report submitted by the requesting physician. There was no documentation of a significant functional limitation with regard to the bilateral knees. There was also no mention of an attempt at any conservative treatment for the bilateral knees. The medical necessity has not been established. Therefore, the request is not medically appropriate.