MAXIMUS Federal Services

Case Number:	CM14-0165865		
Date Assigned:	10/10/2014	Date of Injury:	06/29/2011
Decision Date:	11/14/2014	UR Denial Date:	09/30/2014
Priority:	Standard	Application Received:	10/08/2014

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 Surgery and is licensed to practice in California. 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:

43-year-old female claimant with an industrial injury dated 06/29/11. The patient is status post a medial meniscal root repair of the right knee on 01/16/13. An exam note dated 08/15/13 states the patient returns with knee pain and it is aggravated by range of motion. X-rays reveal normal finding of the metal button used for fixation at the time of the claimant's medial meniscal root repair six months prior. Exam note dated 09/16/14 states the patient continues to have persistent knee pain. The patient explains that anything beyond modest activity level causes pain. In addition, the patient has persistent retropatellar right knee pain possibly secondary to lateral patellofemoral overload in turn, secondary to tight lateral retinaculum. Conservative treatments have included physical therapy and steroid injections. Treatment plan includes diagnostic arthroscopy, and physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right knee chondroplasty lateral release: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 344. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) -TWC Knee and Leg Procedure Summary, Indications for Surgery, Chondroplasty Official Disability Guidelines (ODG) -TWC Knee and Leg Procedure Summary

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, 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, objective clinical findings of effusion or crepitus plus limited range of motion and a chondral defect on the MRI. In this case the exam note of 9/16/14 does not demonstrate evidence of a clear chondral defect. The exam note does not demonstrate objective findings consistent with a symptomatic chondral lesion. Therefore, this request is not medically necessary.

Pre-op medical clearance/labs/EKG: 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 physical therapy (right knee) 1 x 12: 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.