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| Case Number: | CM14-0083286 | | |
| Date Assigned: | 07/21/2014 | Date of Injury: | 08/24/2013 |
| Decision Date: | 09/26/2014 | UR Denial Date: | 05/30/2014 |
| Priority: | Standard | Application Received: | 06/04/2014 |

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:

The claimant is a 42-year-old gentleman who injured his right knee on 08/24/13 during an assault chase. The medical records provided for review document a current diagnosis of chondromalacia of the patella. The progress report of 05/12/14 describes subjective complaints of pain underneath the kneecap with burning. Physical examination revealed a positive grind test with no other clinical findings documented. A previous MRI scan showed evidence of degenerative change to the patellofemoral joint. Based on failed conservative care, the recommendation was made for an isolated chondroplasty of the patella joint.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient Right Knee Patella Shaving: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

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

Decision rationale: California ACOEM Guidelines do not support the request for Outpatient Right Knee Patella Shaving. According to the ACOEM Guidelines, arthroscopic patellar shaving is of limited clinical merit in the setting of degenerative arthritis. The medical records

document that the claimant's clinical findings are consistent with degenerative arthritis, which in and of itself would not respond positively to surgical arthroscopy. The request in this case is not medically necessary.

Pre-operative EKG: 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 American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Chapter 7 Independent Medical Examinations and Consultations, page 127.

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

Pre-operative Lab (test not specified): 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 American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Chapter 7 Independent Medical Examinations and Consultations, page 127.

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