

Case Number:	CM15-0019928		
Date Assigned:	02/09/2015	Date of Injury:	01/02/2014
Decision Date:	03/31/2015	UR Denial Date:	01/20/2015
Priority:	Standard	Application Received:	02/02/2015

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: California
 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 a 32-year-old female, who sustained a work injury on 1/2/14 when lifting a beneficiary from a wheelchair. She has reported symptoms of upper, lower back and knee pain. Prior medical history was not documented. The diagnoses have included musculoligamentous strain of thoracic and lumbar spine and left and right knee strain, rule out intra-articular meniscus tear, s/p injection x 1 both knees. Treatments to date included conservative treatments, medication, and knee injections. Diagnostics included a Magnetic Resonance Imaging (MRI) of the right knee on 11/14/14 that was normal. The treating physician's progress report of 12/18/14 reported that the IW received a right knee injection with some relief on 8/26/14. The Right knee pain was constant at 5/10; back pain at 4-5/10, and low back pain at 3-4/10, and the bilateral knee pain were around the patella. There was decreased range of motion to the thoracic and lumbar spine with tenderness to palpation to mid, low back, and left knee. There was edema and tenderness over the medial joint line. Current medications included Naproxen and Prilosec. The request was for a right knee arthroscopy due to failed conservative treatment. On 1/20/15, Utilization Review non-certified right knee Arthroscopy, noting the California Medical treatment Utilization Schedule (MTUS) Guidelines, American College of Occupational and Environmental Medicine (ACOEM): Knee Complaints, and Official Disability Guidelines (ODG) Knee and Leg Chapter.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Knee Arthroscopy: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): (s) 343-345. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee and Leg, Diagnostic Arthroscopy

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee and Leg, Chondroplasty

Decision rationale: CA MTUS/ACOEM is silent on the issue of arthroscopy. According to the ODG Knee and Leg regarding chondroplasty, Criteria include conservative care, subjective clinical findings of joint pain, and swelling plus objective clinical findings of effusion or crepitus plus limited range of motion plus chondral defect on MRI. In this case, the MRI from 11/14/14 does not demonstrate a clear chondral defect on MRI or a meniscal lesion. Therefore, the determination is for non-certification.