

Case Number:	CM15-0111646		
Date Assigned:	06/18/2015	Date of Injury:	09/08/2014
Decision Date:	07/16/2015	UR Denial Date:	05/29/2015
Priority:	Standard	Application Received:	06/09/2015

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, Indiana, Oregon
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 61-year-old female who reported an industrial injury on 9/8/2014. Her diagnoses, and/or impressions, are noted to include: derangement of medial meniscus; sprain of knee and led - diffuse; and morbid obesity. Recent magnetic imaging studies of the left knee with stated meniscal tear, osteochondral loose bodies, effusion, and chronic synovitis versus mild lipoma "arborescens", on 5/1/2015. Her treatments have included diagnostic studies; medication management; and rest from work as she is noted to be retired. The progress notes of 5/20/2015 reported that her left knee and calf hurt; pain, burning and numbness in the left knee; numbness in the posterior thigh and down the back of her left leg; and radiating pain into the buttocks. Objective findings were noted to include tenderness along the medial joint line of the left knee that is with swelling, positive McMurray's maneuver and painful range-of-motion; and left leg pains. The physician's requests for treatments were noted to include an outpatient removal of a loose body from the left knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient left knee removal of loose body: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) knee.

Decision rationale: CA MTUS/ACOEM is silent on the issue of knee loose bodies. According to the ODG, Knee and leg chapter, loose body removal surgery (arthroscopy), Recommended where symptoms are noted consistent with a loose body, after failure of conservative treatment, but knee arthroscopic surgery for treatment of osteoarthrosis is not recommended. In cases of knee osteoarthritis where mechanical symptoms are consistent with a loose body, meniscal tear or chondral flap tear, arthroscopy after failure of non-operative treatment is indicated. This is especially true if the pathology is in a compartment (i.e. lateral) other than one with advanced joint space collapse (i.e. medial). In this case the exam note of 5/20/15 does not detail mechanical symptoms consistent with a loose body. The request is not medically necessary.