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| Case Number: | CM15-0112739 | | |
| Date Assigned: | 06/19/2015 | Date of Injury: | 05/09/2010 |
| Decision Date: | 07/17/2015 | UR Denial Date: | 05/19/2015 |
| Priority: | Standard | Application Received: | 06/11/2015 |

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 39 year old female, who sustained an industrial injury on 5/09/2010. Diagnoses include loose body, cartilaginous injury, and left knee. Treatment to date has included surgical intervention (left knee, undated), diagnostics, medications and injections. Magnetic resonance imaging (MRI) 4/16/15 was read by the evaluating provider as showing a cartilaginous piece projecting down from the bone about 3/4" in front of the ACL. MRI right knee formal report demonstrates meniscus, cruciate and collateral ligaments are intact. Mild subchondral edema noted over the lateral aspect of medial femoral condyle. Per the Primary Treating Physician's Progress Report dated 3/03/2015 and 4/21/2015, the injured worker reported increasing pain and "catching" in the left knee. Physical examination revealed tenderness over the posterolateral joint line and posterior pain with flexion and rotation. The plan of care included surgical intervention and authorization was requested for arthroscopic debridement right knee, postoperative evaluation right knee and postoperative physical therapy (17 sessions) for the right knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

Arthroscopic debridement of the right knee: 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 and Leg, Diagnostic arthroscopy, Arthroscopic surgery for osteoarthritis.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation 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 plus objective clinical findings of effusion or crepitus plus limited range of motion plus chondral defect on MRI. In this case, the MRI from 4/16/15 does not demonstrate a clear chondral defect on MRI nor does the exam note demonstrate objective findings consistent with a symptomatic chondral lesion. Therefore, this request is not medically necessary

Post-operative evaluation of the right knee, one time: 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.

17 post-operative sessions of physical therapy for the right knee: 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.