

Case Number:	CM15-0026489		
Date Assigned:	02/25/2015	Date of Injury:	05/30/2014
Decision Date:	05/29/2015	UR Denial Date:	02/09/2015
Priority:	Standard	Application Received:	02/11/2015

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, Arizona

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 34-year-old male who reported injury on 05/30/2014. The mechanism of injury included a fall. His diagnoses included a cervical spine sprain/strain; absent lordosis; kyphosis; lumbar spine contusion/sprain; left knee contusion/sprain; calcification of distal patellar tendon with the tibial tubercle per x-rays. Diagnostic studies have included x-rays of the cervical spine and lumbar spine, in the left knee. On 07/28/2014, the injured worker had an MRI of the lumbar spine with findings indicated to be within normal limits. On 07/23/2014, the injured worker had a thoracic spine MRI, with impression of increased fluid signal at the spinous process and the posterior midline of the upper thoracic spine from C7-T4. On 07/24/2014, he had an MRI of the left knee that indicated a normal appearance at the ACL. His surgical history was not included. He was seen on 09/04/2014, he stated he had increased low back pain for 2 to 3 days. On physical exam, the lumbar spine revealed flexion at 40 degrees with low back pain, extension at 10 degrees with low back pain, lateral flexion at 20 degrees bilaterally. Straight leg raise was negative with the left knee pain, bilateral straight leg raise was positive with low back pain. The left knee revealed flexion at 100 degrees with pain, extension at 0 degrees. There is medial and lateral joint line tenderness. Anterior drawer test is +1 on the left, and negative on the right. There is no medial or lateral instability. Lachman's test is positive on the left, McMurray's test is positive with knee pain on the left. His treatment plan included recommending the injured worker to continue with his aquatic physical therapy twice a week for the next 4 to 6 weeks. His medications included Ultram ER, Flexeril 7.5 mg, Motrin 800 mg,

Terocin cream. The rationale for the request and the Request for Authorization form were not included.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left knee arthroscopy with repair as indicated: 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: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg, Diagnostic arthroscopy.

Decision rationale: The Official Disability Guidelines state that diagnostic arthroscopy is indicated when medications or physical therapy plus pain and functional limitations continue despite conservative care, plus imaging is inconclusive. The MRI findings do not support the findings of physical exam of the left knee. There is no clear diagnosis with the left knee. Therefore, the request for left knee arthroscopy with repair is not medically necessary.