

Case Number:	CM15-0036242		
Date Assigned:	04/03/2015	Date of Injury:	02/12/2014
Decision Date:	05/14/2015	UR Denial Date:	02/16/2015
Priority:	Standard	Application Received:	02/26/2015

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, Sports Medicine

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 33-year-old male who reported an injury on 02/12/2014. The mechanism of injury was the injured worker was working in a shallow trench and fell when he was attempting to climb out of the trench. The injured worker twisted his knee as he fell backwards. Prior therapy included 18 visits of chiropractic care for the lumbar spine. The injured worker was given a knee brace. The injured worker was noted to have an MRI of the right knee on 02/12/2014 which revealed bone marrow edema in the medial patella and lateral femoral condyle consistent with impaction injury from patellar dislocation and relocation. There was no cortical fracture visualized. There was an abnormal signal in the medial patellar retinaculum and pattern suggesting a chronic tear. There was a Request for Authorization submitted for review dated 01/06/2015 for surgical interventions for the knee. The documentation of 01/06/2015 revealed the injured worker had complaints of pain in the right knee and the patient had increased and become more debilitating. The injured worker had aching pain in the back of the knee. The pain was 7/10. The injured worker had utilized Naproxen, Norco, and over the counter Advil. The physical examination of the right knee revealed decreased swelling of the anterior knee and leg. There was lateralization of the patella. There was continued tenderness to palpation at the anterior knee, popliteal fossa, and medial retinaculum. This was worse on the medial patella and MPFL ligament. There was no skin hypersensitivity. The injured worker had a positive apprehension and patellar grind test. The injured worker had x-rays of the left knee on 02/12/2014 which revealed lateral patellar dislocation and there was a post reduction film. The diagnosis included right patellar dislocation and right MPFL tear. The treatment plan included

operative treatment including a right knee diagnostic arthroscopy with open allograft MPFL reconstruction. Additionally, durable medical equipment and medications, physical therapy, ice therapy, preoperative studies, and a preoperative clearance were requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Knee Arthroscopy with evaluation of cartilage and possible chondroplasty, right knee MPFL reconstruction: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343 and 344. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Indications for surgery, Diagnostic arthroscopy.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): s 343-345. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee & Leg Chapter, Chondroplasty.

Decision rationale: The American College of Occupational and Environmental Medicine Guidelines indicate surgical consultation may be appropriate for injured workers who have activity limitation for more than 1 month and a failure of exercise program to increase range of motion and strength of the musculature around the knee. There should be findings on MRI to support surgical necessity. The guidelines however, do not specifically address chondroplasty. As such, secondary guidelines were sought. The Official Disability Guidelines indicate the criteria for chondroplasty include there should be documentation of medication or physical therapy; plus joint pain and swelling; plus effusion or crepitus or limited range of motion and a chondral defect on MRI. The clinical documentation submitted for review failed to provide documentation of an MRI. The clinical documentation submitted for review failed to provide documentation of the duration of conservative care. There was no MRI submitted for review. There was a lack of documentation indicating the injured worker had swelling and effusion. There was a lack of documentation of instability upon physical examination. Without documentation of the MRI findings and documentation of specific conservative care and duration of care, the medical necessity of surgical intervention is not supported. Given the above, the request for Right Knee Arthroscopy with evaluation of cartilage and possible chondroplasty, right knee MPFL reconstruction is not medically necessary.

Pre-op Clearance: 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.

Pre-op Chest X-ray: 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.

Pre-op Labs, CBC, Chem 7, PT/PTT/INR and EKG: 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.

Associated surgical service: Percocet 5/325mg #120: 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.

Associated surgical services: Keflex 500mg #12: 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.

Associated surgical service: Ambien 10mg #30: 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.

Associated surgical service: Zofran 4mg #30: 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.

Associated surgical service: Long Hinged Knee Brace: 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.

Associated surgical services: Cold Therapy Unit 7 day rental: 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.

Associated surgical service: Physical Therapy 12 sessions: 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.