

Case Number:	CM15-0061917		
Date Assigned:	04/07/2015	Date of Injury:	09/10/2014
Decision Date:	06/02/2015	UR Denial Date:	03/17/2015
Priority:	Standard	Application Received:	04/01/2015

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 38 year old male who sustained an industrial injury on 09/10/14. The mechanism of injury was a trip and fall through some rebar, twisting his left knee. Initial complaints and diagnoses are not available. Treatments to date include medications, ice, and physical therapy. Diagnostic studies include a MRI of the left knee. Current complaints include left knee pain. Current diagnoses include left knee chondromalacia patella, severe and prepatellar tendinitis with lateral patellar tilt. The documentation of 01/12/2015 revealed the injured worker's symptoms had not resolved. There was tenderness and thickening in the prepatellar bursal area. There was crepitus and pain with motion at the patellar joint. The injured worker was noted to have undergone an MRI of the left knee demonstrating a grade 3 to 4 chondromalacia patella. The diagnoses included left knee chondromalacia patella and prepatellar tendinitis. The treatment plan included an arthroscopy of the left knee with open prepatellar bursectomy, a cold unit, a CPM device, crutches, postoperative physical therapy and medications. In a progress note dated 03/09/15 the treating provider reports the plan of care as left knee surgery, and post-operative crutches, physical therapy, cold unit, as well as Celebrex and Ultram. The requested treatments are left knee surgery, cold unit, crutches and a continuous passive motion machine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Associated surgical services: Post-op CPM (Continuous Passive Motion) purchase for the left 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, Continuous Passive Motion (CPM).

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: Post-op crutches purchase for the left 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, Waling aids (canes, crutches, braces, orthoses, & walkers).

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: Post-op cold therapy unit purchase for the left 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 Treatment Index, 11th Edition (web), 2014 Knee and Leg, Continuous-flow cryotherapy.

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.

Left knee Arthroscopy: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343-345.

Decision rationale: The American College of Occupational and Environmental Medicine indicate surgical intervention is appropriate for injured workers who have a failure of an exercise

program to increase range of motion and strength of musculature around the knee and activity limitation for more than 1 month and findings on imaging. There were MRI findings of Grade 11-111-IV chondromalacia patella at the medial and lateral patellar facets, more pronounced at the intervening median eminence with a small joint effusion. The clinical documentation submitted for review failed to provide documentation of a failure of an exercise program and the duration of the specific care for the left knee was not provided. The request as submitted failed to indicate the specific surgical intervention being requested. Given the above, the request for a left knee arthroscopy is not medically necessary.