

Case Number:	CM15-0078784		
Date Assigned:	04/30/2015	Date of Injury:	09/27/2011
Decision Date:	06/29/2015	UR Denial Date:	04/08/2015
Priority:	Standard	Application Received:	04/24/2015

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: Illinois, California, Texas
 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 56-year-old female who sustained an industrial injury on 9/27/11, relative to a slip and fall. She sustained a left patellar fracture. She underwent open reduction and internal fixation of the patellar fracture on 9/29/11 and subsequent removal of patellar hardware on 4/26/13. The 8/8/13 left knee x-ray impression documented early degenerative changes involving the medial compartment of the knee and post-operative changes consistent with removal of hardware for fixation of fracture of left patella. The treating physician progress reports from 12/18/13 to 10/21/14 documented persistent and function-limiting left knee pain. She had a series of Orthovisc injections with some benefit. She reported intermittent giving way resulting in falls. She was using a brace and topical medications. X-rays demonstrated some changes in the lateral facet of the patella and the patellofemoral joint consistent with posttraumatic arthritic changes. The 3/2/15 treating physician report cited continued left knee pain. She reported that pain was worse with stairs and she was having increased cracking in her knee going up and down the stairs. She had gone back to full duty work but could not do her job tasks. Physical exam documented range of motion 0-120 degrees with moderate patellofemoral crepitus. The diagnosis included left knee patellar fracture status post repair and hardware removal, and posttraumatic arthritis with mechanical symptoms. The treating physician report stated that the injured worker clearly had evidence of chondromalacia as she had a very comminuted patellar fracture and was at risk for developing patellofemoral arthritic changes. Given the mechanical symptoms of popping, catching and crepitus in the knee, the recommendation was for arthroscopy to remove some of the mechanical symptoms and help

lessen the inflammation in her knee. Authorization was requested for left knee arthroscopy with chondroplasty, pre-operative medical clearance with internist, post-op physical therapy 12 visits, and 14-day continuous passive motion (CPM) unit rental. The CPM was necessary as she was at risk of developing arthrofibrosis as she had undergone two surgeries on the knee and was at risk for more stiffness. The 4/8/15 utilization review non-certified the left knee arthroscopy with chondroplasty and associate surgical requests as an MRI had not been performed that demonstrated a chondral defect.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left Knee Arthroscopy with Chondroplasty: 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: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343-345. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg; Chondroplasty.

Decision rationale: The California MTUS state that surgical consideration may be indicated for patients who have activity limitation for more than one month and failure of exercise programs to increase range of motion and strength of the musculature around the knee. The MTUS guidelines do not provide specific criteria for chondroplasty. The criteria for chondroplasty include evidence of conservative care (medication or physical therapy), plus joint pain and swelling, plus effusion or crepitus or limited range of motion, plus a chondral defect on MRI. Knee arthroscopic surgery for treatment of osteoarthritis 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. Guideline criteria have not been met. This injured worker presents with persistent left knee pain with mechanical symptoms and a history of giving way. There is radiographic evidence of posttraumatic arthritic changes. Evidence of a recent, reasonable and/or comprehensive non-operative treatment protocol trial and failure has been submitted. However, there is no evidence that an MRI has been performed and demonstrated a chondral defect consistent with guideline criteria. Additionally, imaging has not been performed to rule-out other pathology as the cause of mechanical symptoms. Therefore, this request is not medically necessary at this time.

Pre-Op Clearance with Internist: 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.

Physical Therapy for the Left Knee (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.

CPM (14-day trial for the left knee): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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: Continuous passive motion (CPM).

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Cold Therapy Unit (for the left 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.