

Case Number:	CM13-0005369		
Date Assigned:	12/18/2013	Date of Injury:	05/02/2013
Decision Date:	02/03/2014	UR Denial Date:	07/22/2013
Priority:	Standard	Application Received:	07/30/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Orthopedic Surgery and Sports Medicine and is licensed to practice in California. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 58-year-old female who reported injury on 05/02/2013. The patient was noted to be repeatedly climbing in and out of her forklift when she experienced a popping and a catching sensation in the left leg while stepping off a forklift. The patient was noted to have severe pain in the knee. The patient was noted to have difficulty kneeling and squatting. Physical examination revealed the patient had significant focal tenderness to palpation over the medial joint line and distal to the level of the medial joint line. Tenderness was noted to be exquisite in nature and cause severe pain. There was noted to be no significant tenderness laterally. The patient's medial McMurray's maneuver produced pain and a loud click as the knee was extended from a flexed position. Lateral McMurray's maneuver was negative. The patient had a negative Lachman's maneuver, anterior drawer maneuver and negative pivot shift maneuver. There was noted to be no varus or valgus instability and distally neurovascularly the patient was noted to be intact. The patient was noted to have arthritic changes in the medial compartment and the patellofemoral compartment per non weight-bearing x-ray. The patient was noted to have a torn medial meniscus on MRI with a stress fracture of the medial tibial plateau and significant edema of the medial tibial plateau. There was noted to be no step off at the articular surface. The diagnosis was noted to be a torn medial meniscus and chondromalacia patella of the left knee with medial tibial plateau stress fracture. The request was made for left knee arthroscopy with partial meniscectomy and debridement/shaving articular cartilage chondroplasty, CBC, Chem 7 and postoperative physical therapy 2x6.

IMR ISSUES, DECISIONS AND RATIONALES

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

LEFT KNEE ARTHROSCOPY WITH PARTIAL MENISECTOMY AND DEBRIDEMENT/SHAVING ARTICULAR CARTILAGE-CHONDROPLASTY, CBC, CHEM 7 AND POST-OP PHYSICAL THERAPY 2X6: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343-345, Postsurgical Treatment Guidelines Page(s): 10, 25. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee & Leg Chapter, Chondroplasty, Low Back Chapter, Preoperative Lab work, online version

Decision rationale: ACOEM Guidelines indicate that a partial meniscectomy is indicated when a patient had failed exercise and there is clear evidence of a meniscus tear and symptoms other than simply pain including locking, popping, giving way, or recurrent effusion and clear signs of a bucket-handle tear on examination including tenderness over the suspected tear, but not over the entire joint line and consistent findings on an MRI. The patient was noted to have an MRI of the left knee without contrast on 06/14/2013 which revealed the patient had a medial meniscus tear and knee arthrosis in the medial and patellofemoral compartments. The patient's articular cartilage was thinning most prominently within the adjacent mid medial compartment as well as the patellofemoral compartment with mild subchondral edema at the mid patella. The patient's physical examination revealed that she had pain, had a negative Lachman's maneuver, anterior drawer, and negative pivot shift. The medial McMurray's maneuver produced exquisite pain and a loud click as the knee was extended from a flexed position. The patient was noted to have significant focal tenderness to palpation over the medial joint line and distal to the level of the medial joint line. The clinical documentation submitted for review failed to indicate the dates of service, efficacy and the duration of care for the patient's physical therapy. California MTUS/ACOEM Guidelines do not address chondroplasty. Official Disability Guidelines states the criteria for a chondroplasty include conservative care of medication or physical therapy and subjective clinical findings of joint pain and swelling as well as objective clinical findings of effusion, crepitus or limited range of motion and a Chondral defect on MRI. The clinical documentation submitted for review failed to provide the patient had swelling, objective findings of effusion, crepitus or limited range of motion and there was a lack of documentation of the dates of service, efficacy and the duration of care for the patient's physical therapy. As the surgery is not supported, the request for a CBC, Chem 7 and postoperative physical therapy would not be supported. Given the above, the request for left knee arthroscopy, arthroscopy with partial meniscectomy and debridement/shaving articular cartilage chondroplasty, CBC, Chem 7 and postoperative physical therapy 2x6 is not medically necessary.