

Case Number:	CM13-0015042		
Date Assigned:	10/04/2013	Date of Injury:	04/14/2012
Decision Date:	03/19/2014	UR Denial Date:	08/06/2013
Priority:	Standard	Application Received:	08/21/2013

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 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.

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 claimant is a 40-year-old gentleman who reported injuries to the bilateral knees as the result of a work related accident on January 17, 2012. An operative report dated January 16, 2013 reflected surgical arthroscopy and extensive chondroplasty. There were grade IV changes to the patellofemoral compartment and trochlear groove, and grave IV changes to the medial femoral condyle with medial meniscus noted to be intact. It was also documented that a significant chondroplasty was performed to the lateral compartment, though the degree of degenerative change was not indicated. A PR2 report from July 22, 2013 indicated ongoing complaints of left knee pain. Examination showed a +1 effusion, tenderness, 3 to 135 degrees range of motion, weakness, and "reasonable" alignment with tenderness over the medial compartment.

IMR ISSUES, DECISIONS AND RATIONALES

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

left knee arthroscopic meniscectomy with chondroplasty: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 1021-1022. 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. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG);

Decision rationale: The California MTUS does not address the requested procedure. While the Official Disability Guidelines do recommend this procedure as a second line agent after initial

arthroscopy or surgical intervention, very specific clinical criteria are given that would include a focal area of cartilage deficit down to but not through the subchondral bone on the weight-bearing surface of the femoral condyle, but not in the patella. Objective findings should include documentation that there is a stable knee with intact meniscus and normal joint space, a patient under the age of 60, a BMI of less than 35, and the indication that the procedure would not be performed for the treatment of degenerative arthritis. The claimant's clinical records indicate significant joint space narrowing as well as tricompartmental end-stage arthrosis on both MRI scan and prior surgical arthroscopic assessment. This claimant does not appear to have a specific isolated deficit on a weight-bearing surface, but instead has a diagnosis of tricompartmental arthritis. The use of the above mentioned staged procedure would not be indicated given the claimant's advanced degenerative change. There is also not a documented BMI in the records; however, at the July 22, 2013 assessment with [REDACTED], it was indicated that the claimant would need to lose weight. This raises concern for an elevated BMI. Based on all of these findings, the requested surgical intervention cannot be considered as medically necessary. The request is noncertified.

The request for perioperative services, including preoperative clearance, an assistant surgeon, a postoperative brace, polar care, and a seven-day postoperative CPM rental is no: 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.