MAXIMUS Federal Services

Case Number:	CM13-0022185		
Date Assigned:	11/13/2013	Date of Injury:	07/19/2006
Decision Date:	01/17/2014	UR Denial Date:	08/05/2013
Priority:	Standard	Application Received:	09/09/2013

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. 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 64-year-old gentleman injured on 09/17/06. The most recent clinical record of 07/29/13 with treating orthopedic surgeon, [redacted] indicated ongoing complaints of pain about the left knee despite conservative management. He describes mechanical issues. He describes giving way and intermittent catching. Physical examination findings showed the left knee to be with atrophy, as well as medial and lateral joint line tenderness with positive McMurray's examination. There was a lot of effusion with facet tenderness to palpation of the patella, full range of motion, and no ligamentous instability. Radiographs of the left knee demonstrated no osteoarthritic or degenerative changes. The submitted record states a prior MRI of the left knee demonstrated small lateral and medial meniscal tearing, patellofemoral osteoarthrosis, and moderate lateral compartment arthrosis. Based on failed conservative care and continued mechanical symptoms, surgical arthroscopy to the left knee was recommended along with the associated pre-operative medical clearance, laboratory assessment, 12 sessions of post-operative physical therapy, an orthosis brace, and a cryotherapy unit. Formal report of the claimant's MRI imaging of the left knee is from 03/27/13 describing moderate lateral compartment degenerative changes, medial compartment degenerative changes, and patellofemoral degenerative changes, with a small effusion but without documented findings of meniscal pathology.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left knee arthroscopy, medial and lateral meniscectomy, chondroplasty: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 344-345.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 344-345. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG),knee chapter

Decision rationale: Based on California ACOEM Guidelines, surgical intervention to include meniscectomy would not be supported. According to the guidelines, clear understanding of meniscal pathology on imaging needs to be demonstrated. Guidelines also go on to state that advanced degenerative arthrosis of the knee would be a contraindication to proceeding with arthroscopic procedure for meniscectomy. The claimant's MRI scan available for review demonstrates tricompartmental degenerative changes, moderate in the lateral compartment, with no documented evidence of meniscal pathology. The absence of findings on imaging would fail to necessitate the role of the surgical process in question.