

Case Number:	CM13-0022701		
Date Assigned:	11/13/2013	Date of Injury:	03/14/2013
Decision Date:	01/24/2014	UR Denial Date:	08/30/2013
Priority:	Standard	Application Received:	09/10/2013

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 23-year-old male who sustained a left knee injury on 03/14/13. Clinical records provided for review include a 10/30/13 orthopedic assessment of [REDACTED]. He returned for reassessment for a "preoperative evaluation" stating he was scheduled for a left knee diagnostic arthroscopy with meniscectomy and open patellar tendon debridement and repair. No new complaints were noted as physical examination was not documented at that time. The risks and benefits of the planned procedure were addressed. A prior assessment of [REDACTED] of 09/18/13 showed a physical examination to be with a +1 effusion, no instability, 4/5 strength with flexion and extension, 0 to 120 degrees range of motion and tenderness to the knees bilaterally at the patellar tendon. Prior imaging to the left knee included an MRI report of 06/26/13 that showed mild proximal patellar tendinitis with "dome traction proliferation," a small arrow of bone marrow edema with no noted meniscal or ligamentous pathology. Based on failed conservative care as stated, surgery was recommended in the form of a diagnostic/operative arthroscopy with meniscectomy with an open patellar tendon debridement and repair.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left Knee diagnostic/operative arthroscopic meniscectomy versus repair and possible debridement and/or chondroplasty with open patella tendon debridement and repair:
Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 346-347.

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

Decision rationale: The claimant's MRA scan of the left knee failed to demonstrate any degree of meniscal or ligamentous pathology for which acute need of operative intervention would be indicated. The specific request in this case is for meniscectomy. Guidelines state that MRI findings need to be consistent with the diagnosis of meniscal tearing with examination showing clear evidence of signs and symptoms consistent with a meniscal tear as well. Not only does the claimant's MRA scan not demonstrate a meniscal tear, the physical examination is absent of significant medial or lateral compartment findings. This would negate the need of the above mentioned procedure. Also, when looking at the above procedure the role of patellar tendon repairs are recommended for full thickness tearing. At present, there would be no indication for a role of an open patellar debridement and repair in an absence of full thickness tearing at this chronic stage and claimant's clinical course. The claimant's MRI scan demonstrated "mild" patellar tendinosis. This imaging finding would not be supportive of need for an operative process. The request for a left knee diagnostic/operative arthroscopic meniscectomy versus repair and possible debridement and/or chondroplasty with open patella tendon debridement and repair is not medically necessary and appropriate.

12 Post-operative physical therapy 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.

Medical Clearance: 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

DVT Prophylaxis: 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.

Peri-operative antibiotics: 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.

Assistant Surgeon: 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.