MAXIMUS Federal Services

Case Number:	CM13-0024513		
Date Assigned:	11/20/2013	Date of Injury:	01/21/2013
Decision Date:	01/28/2014	UR Denial Date:	08/27/2013
Priority:	Standard	Application Received:	09/16/2013

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 75-year-old gentleman who was injured on 1/21/13. The clinical records include a recent assessment of 8/12/13 where the claimant was seen by [redacted] for complaints of pain about his left knee. It states at that time that he was actually with bilateral knee, left greater than right with mechanical symptoms, and that his right knee pain is improved with a recent corticosteroid injection. The left knee continues to be with difficulty despite injections, acupuncture, chiropractic medication, physical therapy, anti-inflammatory agents, and bracing. Objectively, there was noted to be 0 to 110 degrees range of motion. An MRI report from February 2013 showed significant osteoarthritic change, severe to the medial compartment and patellofemoral joint with underlying lateral compartment changes as well. There was a 2cm mass in the popliteal fossa, and a posterior horn and body tear to the medial meniscus with a joint effusion. The claimant was diagnosed with left knee chondromalacia and medial meniscal tearing.

IMR ISSUES, DECISIONS AND RATIONALES

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

left knee arthroscopy with possible partial meniscectomy and chondroplasty, plus medical clearance: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, and the ACOEM Guidelines, chapter 7, page 503.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 344-345. Decision based on Non-MTUS Citation CA MTUS ACOEM OMPG (Second Edition, 2004), Chapter 7 Independent Medical Examinations and Consultations, page 127.

Decision rationale: The California ACOEM Guidelines state that suboptimal response is typically seen with progression of degenerative changes with regard to surgery in this setting of degenerative arthritis and meniscal tearing. This claimant is noted to be with significant tricompartmental degenerative changes with medial bone on bone articulation from clinical imaging and assessments for review. The above would fail to necessitate the role of an acute surgical process for a meniscectomy, which has statistically shown to not benefit in the setting of advanced degenerative arthritis. This specific surgical request would not be indicated. Based on the above, the role of operative medical clearance also would not be indicated as the need for operative intervention in this case has not yet been established.

4-6 week course of postoperative physical therapy: 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.