

Case Number:	CM13-0029149		
Date Assigned:	12/11/2013	Date of Injury:	05/04/2011
Decision Date:	04/09/2014	UR Denial Date:	09/05/2013
Priority:	Standard	Application Received:	09/26/2013

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 regulation, 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:

This is a 51-year-old female injured in a work-related accident on 6/4/11. The clinical records specific to the claimant's left knee included a CT report dated 8/21/12 that showed no evidence of fracture or dislocation with nonspecific subcortical cystic changes. No clinical findings were formally noted. A recent assessment dated 8/8/13 documented continued complaints of pain about the knee with objective findings showing 0-130 degrees range of motion, no effusion, minimal malalignment, 5/5 motor strength, positive tenderness over the medial joint line and positive McMurray's testing. A report of four view radiographs of the knee on that date were negative. Review of a previous MR arthrogram report dated 5/9/12 showed chondral thinning at the patellofemoral compartment and signal change at the medial meniscus with a parameniscal cyst within the lateral meniscal body with no evidence of tearing. The claimant was diagnosed with continued left knee medial pain with mechanical symptoms and patellofemoral arthrosis. The plan was for operative intervention to include a surgical arthroscopy, debridement, and partial meniscectomy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left knee arthroscopy, chondroplasty of the patellofemoral joint possible partial meniscectomy: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment Index, 9th Edition, (web) 2011

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), Chapter knee and leg: chondroplasty

Decision rationale: Based on the ACOEM Guidelines, the surgical request would not be indicated. The employee's imaging from over 1½ years ago does not demonstrate formal tearing to the meniscus to support the role of operative intervention in the form of a meniscectomy. It is also unclear whether the employee has exhausted all benefit from conservative treatment. While the employee's physical examination demonstrates continued medial side tenderness, the lack of clinical correlation between the employee's exam findings and imaging and lack of documentation that the employee has failed all conservative treatment would fail to necessitate the acute need of a surgical process.

Post-operation physical therapy 3 x 4 weeks: 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.

Front wheel walker: 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.