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| Case Number: | CM13-0029280 | | |
| Date Assigned: | 01/10/2014 | Date of Injury: | 05/13/2011 |
| Decision Date: | 03/19/2014 | UR Denial Date: | 09/13/2013 |
| Priority: | Standard | Application Received: | 09/25/2013 |

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 Occupational Medicine 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:

In a Utilization Review Report of September 13, 2013, the claims administrator denied request for a repeat knee arthroscopy, preoperative medical clearance, a cold therapy unit, postoperative physical therapy, a pain management consultation, and a spine specialty consultation. The claims administrator did note that the applicant had had an MRI of left knee of July 27, 2013 which was notable for chondromalacia, chondral defect, and an absent posterior horn of the medial meniscus. A fissure in the midline femoral trochlear groove is described. Since the surgery in question was denied, the claims administrator denied derivative requests for postoperative therapy and the like. The applicant's attorney subsequently appealed. In a December 10, 2013 progress report, the applicant is described as presenting with residual left knee pain, exacerbated by squatting, kneeling, and bending. The applicant retains 120 degrees of knee range of motion despite having an antalgic gait. The applicant is using a cane, it is stated. Knee strength is 4/5. The attending provider appealed the previously denied left knee surgery. Norco is renewed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Repeat left knee arthroscopy, meniscectomy and debridement to be performed as an OP procedure: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

Decision rationale: The MUTS/ACOEM Guidelines in Chapter 13, Table 13-6, "arthroscopic meniscectomy or repair" is "recommended" for severe mechanical symptoms in those individuals with signs or serious activity limitations if MRI findings are consistent with a meniscal tear. The ACOEM Guidelines further notes, on page 345, that arthroscopy and meniscus surgery may not be equally beneficial for those patients who are exhibiting signs of degenerative disease. In this case, however, the applicant does not have clear evidence of a meniscal tear after having two prior arthroscopic meniscectomy procedures. Additionally, two prior arthroscopic meniscectomy procedures were unsuccessful. The applicant still has ongoing knee complaints. There is no evidence of a recurrent or residual tear noted on MRI imaging which would support pursuit of repeat surgery here. The request for a repeat left knee arthroscopy, meniscectomy and debridement to be performed as an OP procedure is not medically necessary and appropriate.