

Case Number:	CM13-0029961		
Date Assigned:	11/27/2013	Date of Injury:	08/08/2012
Decision Date:	01/17/2014	UR Denial Date:	09/23/2013
Priority:	Standard	Application Received:	09/27/2013

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 Physical Medicine & Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Ohio and Texas. 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 male who reported a work-related injury on 08/08/2012, as a result of a contusion to the right knee. X-ray of the right knee dated 08/14/2012 signed by [REDACTED] revealed a mild to moderate tricompartment right knee osteoarthritis most significant at the medial and patellofemoral compartments. MRI of the right knee dated 09/05/2012 signed by [REDACTED] revealed: (1) Advanced degenerative changes to the medial compartment with chondromalacia and degenerative medial meniscal tear versus prior partial medial meniscectomy. (2) Chondromalacia of patellofemoral and lateral compartments. (3) Chronic appearing ACL tear with atrophy of residual ACL tissue. The clinical note dated 04/25/2013 reports the patient was seen under the care of his primary treating physician [REDACTED]. The provider documented the patient was seen for purpose of a permanent and stationary report. The provider documents the patient's course of treatment since status post his work-related injury to include injection therapy, physical therapy, and activity modifications. The provider documents the patient is willing to live with his knee the way it is now and is not having any particular problems with his knee. Upon physical exam of the patient, there was increased varus of the bilateral lower extremities. The patient ambulated with a normal gait. There was no significant muscle atrophy. Knee range of motion was 3 to 115 degrees on the right, 3 to 120 degrees on the left. There was no significant instability. There was tenderness along the medial joint line that reproduced the patient's residuals pain. There was no lateral joint line tenderness and bilateral hips showed no tenderness to palpation. The patient had good motor strength noted throughout. The provider documented imaging studies of the patient's knee were reviewed which demonstrated significant medial compartment degenerative joint disease changes, a meniscal tear with medial compartment arthri

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient arthroscopy with post-operative physical therapy two times per week over four weeks, for the right knee: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment in Workers Compensation, Web-based Edition.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 24. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee and Leg Chapter.

Decision rationale: The current request is not supported. The clinical documentation submitted for review reports the patient continues with right knee pain complaints and dysfunction status post a work-related injury sustained in 2012. The patient was declared permanent and stationary in 04/2013 by his treating provider. The patient reported he wanted to continue with conservative measures when seen by both his primary treating physician and orthopedic consultant with [REDACTED]. However, [REDACTED] submitted a request for diagnostic arthroscopic right knee surgery. In addition, the provider does not detail what operative intervention would be performed at the time of the diagnostic arthroscopy. A later note by [REDACTED] dated 11/16/2013 reports the plan is for the patient to undergo a total knee replacement. Given the lack of specifics of the surgical procedure to be performed and the clinical notes evidencing the patient is preferring to continue with conservative treatment, the current request is not supported. California MTUS/ACOEM does not specifically address diagnostic arthroscopy Official Disability guidelines was therefore utilized. The Official Disability Guidelines indicates when the assessment of a cartilage is crucial for a definitive decision regarding therapeutic options in patients with osteoarthritis, arthroscopy should not be generally replaced by MRI." As such, in addition to operative procedure, postoperative physical therapy would not be indicated. Given all of the above, the request for outpatient arthroscopy with post-operative physical therapy two (2) times per week over four (4) weeks, for right knee is not medically necessary or appropriate.