

Case Number:	CM13-0033574		
Date Assigned:	12/06/2013	Date of Injury:	01/29/2002
Decision Date:	01/31/2014	UR Denial Date:	10/02/2013
Priority:	Standard	Application Received:	10/10/2013

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 Michigan, Nebraska, 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 59-year-old male who reported an injury on 01/29/2002. The patient is currently diagnosed with left knee chondral defect, left knee medial meniscus tear, and Achilles tendonitis of the left leg. The patient was seen by the requesting physician on 10/18/2013. Physical examination revealed a well-healed scar of the left knee, positive swelling, positive crepitus, positive medial joint line tenderness, and lateral joint line tenderness, positive patellofemoral facet tenderness, positive tenderness over the Achilles tendon, positive pronation deformity, positive tenderness over the plantar fascia and anterior talofibular ligament, and intact sensation. Treatment recommendations included continuation of current medications and a request for authorization for a left knee arthroscopy with post-operative physical therapy and ice therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral Knee Arthroscopy: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 344-345.
Decision based on Non-MTUS Citation ODG criteria for meniscectomy or meniscus repair

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343-345. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg Chapter, Diagnostic Arthroscopy

Decision rationale: California MTUS/ACOEM Practice Guidelines state referral for surgical consultation may be indicated for patients who have activity limitation for more than 1 month and failure of exercise program to increase range of motion and strength of the musculature around the knee. Official Disability Guidelines state diagnostic arthroscopy is indicated for patients who have failed to respond to conservative treatments including medication or physical therapy, and have subjective clinical findings of pain and functional limitations despite conservative care. There should be evidence that imaging is inconclusive. As per the clinical notes submitted, the patient underwent an MRI of the left knee on 12/11/2012, which indicated a small amount of joint fluid, normal lateral meniscus and lateral surfaces, full thickness articular cartilage damage over the posteromedial femoral condyle, and marked thickening of the patellar tendon. There is no documentation of a failure to respond to conservative treatment including injection, physical therapy, or an ongoing home exercise program. There is also no evidence of a significant decline in function in the left knee or exacerbation of left knee complaints. There is no mention of an MRI for the right knee or any provision for future surgery for the right knee. There is no clinical presentation of significant functional limitation including any disabling mechanical complaints or any mechanical findings with regard to the left knee. Based on the clinical information received, the request is non-certified. Since the primary procedure is not medically necessary, none of the associated services are medically necessary.