

Case Number:	CM13-0034699		
Date Assigned:	12/11/2013	Date of Injury:	07/29/2011
Decision Date:	02/26/2014	UR Denial Date:	09/26/2013
Priority:	Standard	Application Received:	10/15/2013

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 63 year old male with industrial injury from 7/29/11. An MRI of the left knee 8/15/11 demonstrates significant tricompartmental arthritis of the medial/patellofemoral compartments. An exam note from 8/27/13 demonstrates patient with BMI 36.3. The report was of a guarded prognosis by treating physician for arthroscopic surgery.

IMR ISSUES, DECISIONS AND RATIONALES

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

A left knee arthroscopy, debridement and chondroplasty: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): s 65, 343. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee Chapter

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): s 344-345.

Decision rationale: CA MTUS/ACOEM regarding diagnostic arthroscopy states that arthroscopic partial meniscectomy usually has a high success rate for cases in which there is clear evidence of a meniscus tear--symptoms other than simply pain (locking, popping, giving way, recurrent effusion); clear signs of a buckethandle tear on examination (tenderness over the suspected tear but not over the entire joint line, and perhaps lack of full passive flexion); and consistent findings on MRI. However, patients suspected of having meniscal tears, but without

progressive or severe activity limitation, can be encouraged to live with symptoms to retain the protective effect of the meniscus. If symptoms are lessening, conservative methods can maximize healing. In patients younger than 35, arthroscopic meniscal repair can preserve meniscal function, although the recovery time is longer compared to partial meniscectomy. Arthroscopy and meniscus surgery may not be equally beneficial for those patients who are exhibiting signs of degenerative changes. With regards to patellofemoral syndrome, the guidelines state that although arthroscopic patellar shaving has been performed frequently for PFS, long-term improvement has not been proved and its efficacy is questionable. Severe patellar degeneration presents a problem not easily treated by surgery. Patellectomy and patellar replacements in reasonably active patients yield inconsistent results, and the procedures have a reasonable place only in treating patients with severe rheumatoid arthritis or another rheumatoid condition. Lateral arthroscopic release may be indicated in cases of recurrent subluxation of the patella, but surgical realignment of the extensor mechanism may be indicated in some patients. In this case, the records does not demonstrate medical necessity for a knee arthroscopy based upon the significant arthritis in 2 of 3 compartments of the knee. Therefore the determination is for non-certification.

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.

request for crutches: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Knee Chapter, Walking Aids

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Knee Chapter, Walking Aids

Decision rationale: The ODG states that walking aids are recommended in limited circumstances. However, in light of the non-certification of the primary procedure, there is insufficient evidence in the medical records to support the medical necessity of the crutches in this case.

request for routine preoperative laboratory evaluations: 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.