

Case Number:	CM13-0038691		
Date Assigned:	01/03/2014	Date of Injury:	03/12/2002
Decision Date:	05/07/2014	UR Denial Date:	09/24/2013
Priority:	Standard	Application Received:	10/01/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Orthopedic Surgery and is licensed to practice in Pennsylvania. 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 expert 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:

By way of history, the claimant is a 59-year-old gentleman who apparently had an initial left knee injury in 2002. According to the records provided, he underwent surgery at that time for findings consistent with a meniscal tear. However, degenerative changes were also noted at that time. A report of an MRI of the knee performed in March 2013 showed again meniscal pathology medially as well as arthritic change. According to the records provided, the claimant has apparently undergone previous viscosupplementation injections. Since returning to work, he has had ongoing intermittent episodes of left knee pain. He basically returned to the clinic to see [REDACTED] where he was noted to have the above noted pathology per MRI and recommended surgical intervention. Based on current guidelines, there is a question clearly in this case of whether the pathology and symptomatology is from the arthritic change rather than the meniscal pathology. It was clearly documented in 2002 as to the presence of arthritic change. The claimant has undergone previous surgery with knee arthroscopy 10 years ago. It appears that based on previous review that this was denied secondary to the presence of the arthritic change.

IMR ISSUES, DECISIONS AND RATIONALES

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

LEFT KNEE ARTHROSCOPY, DEBRIDEMENT ASSISTANT AND TWELVE (12) PHYSICAL THERAPY SESSIONS: Upheld

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

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

Decision rationale: Based on current California ACOEM Guidelines, the request for knee arthroscopy with debridement cannot be recommended as medically necessary secondary to the ongoing arthritic-type complaints. There is a report provided for review that identifies the treatment plan to continue with viscosupplementation following the knee arthroscopy. One would make the comment that if the arthritic condition is responsible for the symptomatology, one would proceed first with the viscosupplementation or perhaps a steroid injection of the knee prior to recommendations of the knee arthroscopy with debridement of the meniscal change. As such, the request for the knee arthroscopy along with subsequent postoperative therapy and assistant surgeon cannot be deemed medically reasonable at this point as well.