MAXIMUS Federal Services

Case Number:	CM13-0041001		
Date Assigned:	12/20/2013	Date of Injury:	07/15/2006
Decision Date:	03/26/2014	UR Denial Date:	09/27/2013
Priority:	Standard	Application Received:	10/29/2013

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 60-year-old male who reported an injury on 07/15/2006. The patient is currently diagnosed with meniscal tear of the left knee with loose bodies, as well as degenerative arthritis of the knee. The patient was seen by [redacted] on 09/04/2013. Physical examination of the left knee revealed minimal intra-articular effusion, no soft tissue swelling, tenderness to palpation over the medial joint line, 90 degrees flexion, mild to moderate patellar crepitus, positive McMurray's sign, positive Steinmann's and Apley's compression test, and intact sensation. Treatment recommendations included an arthroscopy with removal of loose body and medial meniscal repair.

IMR ISSUES, DECISIONS AND RATIONALES

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

Diagnostic and operative arthroscopy of the left knee with medial meniscus repair and removal of loose bodies: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343-345. Decision based on Non-MTUS Citation ODG Guidelines for Knee and Leg; ODG Indications for Surgery-Menisectomy.

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, Meniscectomy, Loose body removal surgery (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 exercises programs to increase range of motion and strength of the musculature around the knee. Based on the documentation submitted, the only MRI of the left knee was completed on 06/20/2007 and indicated tearing of the medial meniscus with severe medial compartment osteoarthritis, severely sprained/partial thickness tearing of the anterior cruciate ligament, sprains posterior cruciate ligament, severe degeneration of the lateral meniscus, and mild joint effusion with popliteal cyst. The patient has documentation of severe medial compartment osteoarthritis. It appears the patient's pain is secondary to the severe osteoarthritis documented on imaging study. There is no clear rationale as to how a knee arthroscopy will resolve the patient's primary complaints. In addition, there was no evidence of previous conservative treatment including exercise/physical therapy and medication management, as well as activity modification. 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.