

Case Number:	CM13-0042379		
Date Assigned:	12/27/2013	Date of Injury:	08/20/2003
Decision Date:	02/20/2014	UR Denial Date:	10/11/2013
Priority:	Standard	Application Received:	10/17/2013

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 62-year-old who reported a work-related injury on 08/20/2003. The specific mechanism of injury was not stated. The patient was status post bilateral knee arthroscopy and meniscectomies on unspecified dates. MRI of the left knee dated 08/23/2013 signed by [REDACTED] revealed: (1) focal area of increased signal at the free edge of the posterior horn of the medial meniscus near the posterior root ligament that most likely represents a tear. This finding is superimposed upon the thinning of the undersurface of the posterior horn that most likely is related to prior surgery; (2) cystic degeneration of the anterior cruciate ligament without evidence of a tear; and (3) mild thinning of the cartilage of the medial femoral tibial compartment. The clinical note dated 08/28/2013 reports the patient was seen under the care of [REDACTED]. The provider documents the patient was status post Orthovisc injections which were effective for a short period of time but the patient has developed more pain and recurrent swelling about the knee. The provider documents upon physical exam of the patient's left knee 1+ effusion was noted, there was thickened prepatellar bursa, there was a palpable piece of cartilage in the prepatellar bursa on the left. The patient has positive pain with McMurray's maneuver posterior and medially. The patient has tenderness along the medial joint line and crepitus with flexion and extension. However, the patient has full range of motion about the knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

Repeat left knee diagnostic arthroscopy and partial medial meniscectomy: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The Physician Reviewer's decision rationale: The Knee Complaints Chapter of the ACOEM Practice Guidelines indicates referral for surgical consultation may be indicated for patients who have: (1) activity limitation for more than 1 month; and (2) failure of exercise programs to increase range of motion and strength of the musculature around the knee. The patient continues to report subjective complaints of pain about the left knee. However, the provider documents upon physical exam of the patient full range of motion was noted to the left knee. In addition, the California MTUS/ACOEM indicates arthroscopy and meniscus surgery may not be equally beneficial for those patients who are exhibiting signs of degenerative changes. The patient's MRI revealed thinning of the cartilage in the medial compartment and previous x rays have shown degenerative patellofemoral changes. The request for a repeat left knee diagnostic arthroscopy and partial medial meniscectomy is not medically necessary or appropriate.