

Case Number:	CM13-0048197		
Date Assigned:	12/27/2013	Date of Injury:	09/09/2001
Decision Date:	06/23/2014	UR Denial Date:	10/03/2013
Priority:	Standard	Application Received:	11/04/2013

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 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 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:

This is a 52-year-old female who was injured on 09/09/2001. She twisted and popped her knee when descending from a bus. Her diagnosis was left knee osteoarthritis with meniscus tear. She had knee surgery on 06/01/2012 including partial meniscectomy, and debridement. A postoperative MRI documented a meniscus tear. There was no documentation of mechanical complaints. The treatment has included physical therapy. There was no documentation of limitation to motion and her knee was not locked. There was evidence of an effusion. There was documentation of Synvisc One Injection on 06/30/12 and 02/04/13. There was no documentation of weight-bearing radiographs. This is clearly a complex problem in a young female with some osteoarthritis in all three (3) compartments and likely a degenerative appearing meniscus tear.

IMR ISSUES, DECISIONS AND RATIONALES

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

LEFT KNEE DIAGNOSTIC AND OPERATIVE ARTHROSCOPIC MENISCECTOMY VERSUS REPAIR WITH POSSIBLE DEBRIDEMENT AND/OR CHONDROPLASTY:

Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) - Treatment for Workers' Compensation, Online Edition, Chapter: Knee and Leg (Acute and

Chronic), Diagnostic arthroscopy; ODG Indications for Surgery - Diagnostic arthroscopy, Meniscectomy, and Chondroplasty.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 329-352. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment in Worker's Comp; 18th Edition, 2013 Updates: Chapter knee and Leg: Chondroplasty.

Decision rationale: The MTUS/ACOEM Guidelines as supported by the Official Disability Guidelines would not recommend the left knee diagnostic and operative arthroscopic meniscectomy versus repair and debridement and/or chondroplasty as medically necessary. The MTUS/ACOEM Guidelines indicate that a referral for surgical consultation may be indicated for patients who have: Activity limitation for more than one month; and Failure of exercise programs to increase range of motion and strength of the musculature around the knee. The Official Disability Guidelines indicate that the criteria for chondroplasty (shaving or debridement of an articular surface), requires all of the following: 1. Conservative Care: Medication or Physical therapy; 2. Subjective Clinical Findings: Joint pain and Swelling; 3. Objective Clinical Findings: Effusion, Crepitus, or Limited range of motion; and 4. Imaging Clinical Findings: Chondral defect on MRI. In light of the fact that there are no mechanical complaints, the request is not medically necessary.

ASSISTANT SURGEON: 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.

PNEUMATIC COMPRESSION DEVICE: 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.

TWELVE (12) POSTOPERATIVE PHYSICAL THERAPY SESSIONS: 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.