MAXIMUS Federal Services

Case Number:	CM13-0056232		
Date Assigned:	12/30/2013	Date of Injury:	03/19/1995
Decision Date:	03/26/2014	UR Denial Date:	10/29/2013
Priority:	Standard	Application Received:	11/21/2013

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. 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 66-year-old female who reported an injury on 03/19/1995 after she hit her right knee on a cubicle while walking. The patient's treatment history included right knee arthroscopic removal of a loose body, arthroscopic partial lateral meniscectomy, and postsurgical physical therapy. The patient was evaluated on 11/27/2013. It was documented that the patient had continued mechanical symptoms to include catching and locking. It was noted that the physician did not find any physical evidence of a loose body. The patient underwent an MRI in 12/2013 that did not provide any evidence of a loose body. The patient was further evaluated in 01/2014 and the patient's clinical diagnosis was changed from cartilaginous loose bodies of the right knee to a torn lateral meniscus. The current request includes loose body removal of the right knee, preoperative medical clearance, and postoperative physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

request for Scope Debridement Removal Loose Body Right Knee: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg Chapter, Loose body removal surgery (arthroscopy)

Decision rationale: The requested arthroscopic debridement and removal of loose body of the right knee is not medically necessary or appropriate. The clinical documentation submitted for review does provide evidence that the patient has mechanical symptoms. However, there were no imaging studies or physical findings to support the diagnosis of a loose body in the right knee. The imaging studies submitted for review did support the patient had a torn lateral meniscus therefore the need for debridement and removal of a loose body for the right knee is not indicated. As such, the requested arthroscopic debridement and removal of the loose body of the right knee is not medically necessary or appropriate.

Medical Clearance (H&P, EKG, Labs): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACC/AHA 2007 Guidelines

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg Chapter, Loose body removal surgery (arthroscopy)

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Post-Operative Physical Therapy 3 times week for 6 week (18 visits): Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg Chapter, Loose body removal surgery (arthroscopy)

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.