MAXIMUS Federal Services

Case Number:	CM13-0058598		
Date Assigned:	12/30/2013	Date of Injury:	08/14/2012
Decision Date:	05/20/2014	UR Denial Date:	10/29/2013
Priority:	Standard	Application Received:	11/27/2013

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:

The claimant is a 69-year-old gentleman who injured the left wrist and left knee on 08/12/12. Medical records for review pertaining to the left knee included a 10/04/13 follow up report noting that the claimant was status post left knee partial meniscectomy on 10/23/12 with a postoperative diagnosis of reflex sympathetic dystrophy of the left lower extremity. Physical examination documented positive tenderness, restricted active and passive range of motion, pain along the patellar tendon and medial joint line to palpation and 4+/5 strength. It was documented that a 09/30/13 MRI demonstrated a tear to the mid portion of the medial meniscus with subchondral cystic changes over the weight bearing portion of the medial femoral condyle consistent with high grade underlying osteoarthrosis. The claimant's diagnosis was left knee pain with recurrent meniscal pathology and reflex sympathetic dystrophy. The recommendation was for an arthroscopy, revision meniscectomy debridement and possible "drilling."

IMR ISSUES, DECISIONS AND RATIONALES

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

Left knee APA meniscectomy, debridement, chondroplasty, possible drilling: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints, Chapter 13 Knee Complaints Page(s): 1020-1021.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 344-345. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee Procedure, Microfracture Surgery

Decision rationale: Based on California ACOEM Guidelines and supported by the Official Disability Guidelines, the request for surgery to include revision meniscectomy and microfracture would not be indicated. California ACOEM Guidelines do not support meniscectomy in the setting of advanced degenerative arthrosis. This individual has previously undergone a meniscectomy and has evidence of significant degenerative process in the medial compartment. Based upon the lack of mechanical symptoms on examination and the claimant's documentation of advanced degenerative process, the proposed surgical intervention in this instance would not be supported.

Postoperative physical therapy three times a week for four weeks: 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.

Crutches: 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.