

Case Number:	CM13-0061847		
Date Assigned:	12/30/2013	Date of Injury:	04/14/2011
Decision Date:	03/25/2014	UR Denial Date:	11/26/2013
Priority:	Standard	Application Received:	12/05/2013

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:

This is a 53-year-old Male. Date of injury 4/14/11. The patient has Myxoid degeneration of the right medial meniscus and osteoarthristis of the right knee. Has tried non-operative treatments; PT (physical therapy), and pain medications. Exam on 6/7/11 demonstrated no positive orthopedic signs of right knee, normal strength and range of motion, decreased lumbar range of motion, negative SLR (straight leg raise). MRI (Magnetic resonance imaging) on 8/29/11 demonstrates moderate myxoid degeneration of right knee medial meniscus without overt tear. Grade IV changes in medial compartment and grade III changes in PF (patellofemoral) joint. Exam on 9/6/11 noted sharp pain in right calf with extension to foot. Exam on 10/31 demonstrates numbness in legs with clicking in both knees/shoulders. The patient was using cane. Squaot of 10-15% and pain with McMurray. Range of motion 5/120. Myxoid degeneration of right knee with early DJD (Degenerative Joint Disease). On 11/19/13 surgery was requested. Requesting arthroscopic debridement and partial meniscectomy of right knee and right knee MRI.

IMR ISSUES, DECISIONS AND RATIONALES

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

An arthroscopic debridement and partial meniscectomy for the right knee: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 344-345. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, 2nd Edition (2004)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 344-345. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, 2nd Edition (2004)

Decision rationale: Based upon the review of the patient's chart and medical records the patient is noted to have no standing radiographs of the knee to evaluate for degree of osteoarthritis. There is no medical indication upon review of the chart and the CA MTUS guidelines to authorize a knee arthroscopy with meniscectomy in setting of chronic osteoarthritic changes in the knee. As such, the request is not certified.

An MRI of the right knee: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 341-343. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, 2nd Edition (2004)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 341-345. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, 2nd Edition (2004)

Decision rationale: Based upon the records reviewed there is insufficient evidence to support MRI of the right knee based upon the guidelines listed. The patient has evidence of significant osteoarthritis of the knee and has not had formal standing radiographs. Therefore the determination is for non-certification.