MAXIMUS Federal Services

Case Number:	CM13-0065503		
Date Assigned:	01/03/2014	Date of Injury:	02/25/2010
Decision Date:	04/18/2014	UR Denial Date:	11/20/2013
Priority:	Standard	Application Received:	12/13/2013

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 Indiana, 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 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 patient is a 44-year-old male who reported an injury on 02/25/2010. The mechanism of injury was not provided for review. The patient underwent an MRI in 09/2013 that documented a re-tear of the medial meniscus, posttraumatic osteoarthritis, chondromalacia, and osteoarthritis of the patellofemoral joint. The patient's most recent clinical findings included -3 degrees to 120 degrees of range of motion limited due to pain, positive patellar facet tenderness, positive medial joint line tenderness, and no evidence of instability. It was documented that the patient had 6 /10 to 8/10 pain with mechanical symptoms. A diagnostic and operative arthroscopy was recommended.

IMR ISSUES, DECISIONS AND RATIONALES

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

DIAGNOSTIC/OPERATIVE ARTHROSCOPY, ARTHROTOMY, REPAIR, RESECTION RECONSTRUCTION AND DEBRIDEMENT OF THE RIGHT KNEE: 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): 343-345.

Decision rationale: The requested diagnostic/operative arthroscopy, arthrotomy, repair, resection, reconstruction and debridement of the right knee are not medically necessary or appropriate. The American College of Occupational and Environmental Medicine recommend surgical intervention for patients with knee complaints that significantly impair their ability to function, documented physical findings that are supported by an imaging study, and have failed to respond to conservative treatments. The clinical documentation submitted for review does indicate that the patient has a recurrent meniscal tear. The patient does have physical findings of medial joint line tenderness. The clinical documentation did include an imaging study that did provide evidence of a recurrent meniscus tear and significant osteoarthritic findings. However, there is no documentation that the patient has participated in any conservative treatment for this new meniscus tear. Additionally, the request as it is written does not clearly identify what type of surgery is being recommended. There is no way to determine if the requested surgical intervention is directed towards the patient's severe osteoarthritic changes or the recurrent meniscal tear. Therefore, the appropriateness of requested surgery cannot be determined. As such, the requested diagnostic/operative arthroscopy, arthrotomy, repair, resection reconstruction and debridement of the right knee are not medically necessary or appropriate.