

Case Number:	CM13-0070525		
Date Assigned:	01/17/2014	Date of Injury:	03/21/2013
Decision Date:	06/10/2014	UR Denial Date:	12/10/2013
Priority:	Standard	Application Received:	12/24/2013

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:

According to the records made available for review, this is a 65-year-old male with a 3/21/13 date of injury. At the time (12/10/13) of request for authorization for arthroscopic evaluation of right knee, probable chondroplasty, possible microfracture of the patellofemoral and medial compartment, possible medial meniscectomy, possible lateral retinacular release, medial shrinkage, there is documentation of subjective (right knee pain, difficulty walking, difficulty going up stairs, unable to exercise) and objective (ROM 0-110 degrees with pain on further flexion, rollback discomfort, some crepitus with active and passive flexion-extension of the knee and to the patellofemoral joint, pain on medial and lateral patellofemoral facets, moderate to severe patellofemoral pain, positive patellofemoral compression test, pain to the medial joint line severe and moderate to the lateral joint line, and 2+ effusion) findings, imaging findings (Right knee MRI (7/12/13) report revealed small amount of metal artifact, mild joint effusion, very small Baker's cyst, torn but no quite completely disrupted PCL, mild amount of edema in the tibia adjacent to the tibiofibular joint with some cystic changes consistent with degenerative changes, minimal lateral subluxation of patella, and grade 1 degenerative changes posterior horn of the medial meniscus), current diagnoses (right knee pain/chondromalacia), and treatment to date (physical therapy and activity modification).

IMR ISSUES, DECISIONS AND RATIONALES

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

ARTHROSCOPIC EVALUATION OF RIGHT KNEE: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Indications for Surgery?--Diagnostic Arthroscopy, ODG-TWC, Knee & Leg Chapter

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee Chapter, Diagnostic Arthroscopy

Decision rationale: MTUS reference to ACOEM guidelines state that referral for surgery may be indicated for patients who have: activity limitation for more than one month and failure of exercise programs to increase the range of motion and strength of the musculature around the knee. ODG identifies documentation of conservative care (medications OR Physical therapy), subjective findings (pain and functional limitations continue despite conservative care) and imaging findings (imaging is inconclusive), as criteria necessary to support the medical necessity of a diagnostic arthroscopy. Within the medical information available for review, there is documentation of diagnoses of right knee pain/chondromalacia. In addition, there is documentation of conservative care (physical therapy), subjective findings (pain and functional limitations continue despite conservative care) and imaging findings (imaging is inconclusive). Therefore, based on guidelines and a review of the evidence, the request for arthroscopic evaluation of right knee is medically necessary.

POSSIBLE MICROFRACTURE OF THE PATELLOFEMORAL AND MEDIAL COMPARTMENT: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Indications for Surgery?--Microfracture surgery, Knee and Leg Chapter.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee Chapter, Diagnostic Arthroscopy.

Decision rationale: MTUS reference to ACOEM guidelines state that referral for surgery may be indicated for patients who have: activity limitation for more than one month and failure of exercise programs to increase the range of motion and strength of the musculature around the knee. ODG identifies documentation of conservative care (medications OR Physical therapy), subjective findings (pain and functional limitations continue despite conservative care) and imaging findings (imaging is inconclusive), as criteria necessary to support the medical necessity of a diagnostic arthroscopy. Within the medical information available for review, there is documentation of diagnoses of right knee pain/chondromalacia. In addition, there is documentation of conservative care (physical therapy), subjective findings (pain and functional limitations continue despite conservative care) and imaging findings (imaging is inconclusive). Therefore, based on guidelines and a review of the evidence, the request for arthroscopic possible microfracture of the patellofemoral and medial compartment is medically necessary.

POSSIBLE MEDIAL MENISECTOMY: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 344. Decision based on Non-MTUS Citation ACOEM Guidelines, 2009, American College of Occupational and Environmental Medicine.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee Chapter, Diagnostic Arthroscopy.

Decision rationale: MTUS reference to ACOEM guidelines state that referral for surgery may be indicated for patients who have: activity limitation for more than one month and failure of exercise programs to increase the range of motion and strength of the musculature around the knee. ODG identifies documentation of conservative care (medications OR Physical therapy), subjective findings (pain Final Determination Letter for IMR Case Number CM13-0070525 5 and functional limitations continue despite conservative care) and imaging findings (imaging is inconclusive), as criteria necessary to support the medical necessity of a diagnostic arthroscopy. Within the medical information available for review, there is documentation of diagnoses of right knee pain/chondromalacia. In addition, there is documentation of conservative care (physical therapy), subjective findings (pain and functional limitations continue despite conservative care) and imaging findings (imaging is inconclusive). Therefore, based on guidelines and a review of the evidence, the request for possible medial meniscectomy is medically necessary.

POSSIBLE LATERAL RETINACULAR RELEASE: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC, Knee & Leg Chapter, Lateral retinacular releases, Official Disability Guidelines, ODG Indications for Surgery?--Lateral retinacular release.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee Chapter, Diagnostic Arthroscopy.

Decision rationale: MTUS reference to ACOEM guidelines state that referral for surgery may be indicated for patients who have: activity limitation for more than one month and failure of exercise programs to increase the range of motion and strength of the musculature around the knee. ODG identifies documentation of conservative care (medications OR Physical therapy), subjective findings (pain and functional limitations continue despite conservative care) and imaging findings (imaging is inconclusive), as criteria necessary to support the medical necessity of a diagnostic arthroscopy. Within the medical information available for review, there is documentation of diagnoses of right knee pain/chondromalacia. In addition, there is documentation of conservative care (physical therapy), subjective findings (pain and functional limitations continue despite conservative care) and imaging findings (imaging is inconclusive). Therefore, based on guidelines and a review of the evidence, the request for possible lateral retinacular release is medically necessary.

MEDIAL SHRINKAGE: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, ODG-TWC, ODG Indications for Surgery?--Lateral retinacular release.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee Chapter, Diagnostic Arthroscopy.

Decision rationale: MTUS reference to ACOEM guidelines state that referral for surgery may be indicated for patients who have: activity limitation for more than one month and failure of exercise programs to increase the range of motion and strength of the musculature around the knee. ODG identifies documentation of conservative care (medications OR Physical therapy), subjective findings (pain and functional limitations continue despite conservative care) and imaging findings (imaging is inconclusive), as criteria necessary to support the medical necessity of a diagnostic arthroscopy. Within the medical information available for review, there is documentation of diagnoses of right knee pain/chondromalacia. In addition, there is documentation of conservative care (physical therapy), subjective findings (pain and functional limitations continue despite conservative care) and imaging findings (imaging is inconclusive). Therefore, based on guidelines and a review of the evidence, the request for medial shrinkage is medically necessary.

PROBABLE CHONDROPLASY: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Indications for Surgery?--Diagnostic Arthroscopy, ODG-TWC, Knee & Leg Chapter.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee Chapter, Diagnostic Arthroscopy.

Decision rationale: MTUS reference to ACOEM guidelines state that referral for surgery may be indicated for patients who have: activity limitation for more than one month and failure of exercise programs to increase the range of motion and strength of the musculature around the knee. ODG identifies documentation of conservative care (medications OR Physical therapy), subjective findings (pain and functional limitations continue despite conservative care) and imaging findings (imaging is inconclusive), as criteria necessary to support the medical necessity of a diagnostic arthroscopy. Within the medical information available for review, there is documentation of diagnoses of right knee pain/chondromalacia. In addition, there is documentation of conservative care (physical therapy), subjective findings (pain and functional limitations continue despite conservative care) and imaging findings (imaging is inconclusive). Therefore, based on guidelines and a review of the evidence, the request for probable chondroplasty is medically necessary.

