

Case Number:	CM14-0000864		
Date Assigned:	01/17/2014	Date of Injury:	05/09/2009
Decision Date:	05/06/2014	UR Denial Date:	12/17/2013
Priority:	Standard	Application Received:	01/02/2014

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:

This claimant is a 55-year-old female who was injured May 9, 2009 sustaining injury to the left knee. A recent progress report of October 3, 2013 stated complaints of improved left knee pain. It states at present that the claimant is "satisfied with her condition." She is with a diagnosis of bilateral knee osteoarthritis with physical examination specific to the left knee showing a normal alignment, no ligamentous laxity, and equivocal medial joint line pain with negative Lachman testing. A follow-up assessment of December 4, 2013 stated increased complaints of pain about the bilateral knees. She was frustrated with her left knee. It is stated that total joint arthroplasty had been recommended, but the claimant now wishes to proceed with a surgical arthroscopy for meniscectomy and loose body removal purposes. Prior imaging demonstrates near bone-on-bone articulation of the medial compartment of the left knee with osteophyte formation. Formal left knee arthroscopy with loose body removal, medial and lateral meniscectomy was recommended for further definitive care.

IMR ISSUES, DECISIONS AND RATIONALES

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

LOOSE BODY REMOVAL AND MENISCECTOMIES: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints
Page(s): 344-345.

Decision rationale: Based on California ACOEM guidelines, surgical intervention including loose body removal and meniscectomy would not be indicated. The claimant is with end stage degenerative knee with is known to be with lack of documentation of benefit with surgical arthroscopic processes. Guideline criteria in regard to meniscectomy would not support the role of surgical intervention in light of advanced degenerative arthrosis. The specific request in this case can thus not be supported.

LEFT KNEE ARTHROSCOPY: 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.