MAXIMUS Federal Services

Case Number:	CM14-0005221		
Date Assigned:	06/11/2014	Date of Injury:	04/14/2011
Decision Date:	07/25/2014	UR Denial Date:	01/09/2014
Priority:	Standard	Application Received:	01/14/2014

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 Surgeon and is licensed to practice in 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 injured worker is a 56-year-old female who reported an injury on 04/11/2011 due to a fall. The injured worker reportedly sustained an injury to the right knee. The injured worker's treatment history has included physical therapy, a TENS unit, acupuncture, medications, and surgical intervention. The injured worker underwent an MR arthrogram on 08/12/2013 that documented there was no discrete tear of the menisci identified. However, there was evidence of meniscal degeneration. The patient underwent an x-ray on 12/31/2013 that documented there was no acute pathology and mild osteoarthritic changes of the medial compartments of the knee joints on the right side were viewed. The patient was evaluated on 12/31/2013. Physical findings included full passive range of motion with tenderness to palpation over the medial and medial collateral ligament with active range of motion described as 10 degrees in flexion bilaterally. The injured worker's diagnoses included bilateral retropatellar chondromalacia, bilateral patellar malaignment, internal derangement, and degenerative changes. It was noted that a request for authorization form had been submitted for surgical intervention. The injured worker was again evaluated on 05/08/2014. It was documented that the patient had a positive McMurray's test with decreased range of motion of the lower extremities described as 20 degrees in flexion and 10 degrees in internal rotation. A request was again made for meniscal repair chondroplasty with drilling and lateral release on 05/08/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Knee Repair vs Meniscectomy QTY: 1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343-345.

Decision rationale: The requested right knee repair vs meniscectomy quantity: 1 is not medically necessary or appropriate. The American College of Occupational and Environmental Medicine do not recommend surgical intervention for patients who have inconsistent findings between physical evaluation and imaging studies. The clinical documentation does support that the patient has degenerative changes of the meniscus; however, there was no tear identified on any imaging study. The injured worker does have continued pain complaints. However, this could be related to the patient's degenerative changes. The American College of Occupational and Environmental Medicine do not support surgical intervention for degenerative changes of the meniscus. As such, the requested right knee repair vs meniscectomy quantity: 1 is not medically necessary or appropriate.

Right knee chondroplasty w/ drilling lateral release QTY:1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee and Leg Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee and Leg Chapter, Chondroplasty.

Decision rationale: The requested right knee chondroplasty with drilling and lateral release is not medically necessary or appropriate. The clinical documentation submitted for review does indicate that the patient has persistent pain complaints that have failed to respond to physical therapy and medications. However, Official Disability Guidelines recommend that chondral defect be identified on an MRI study prior to this type of surgical intervention. The clinical documentation did not include an MRI that identified a chondral defect. Therefore, the need for this surgical intervention would not be supported. As such, the requested right knee chondroplasty with drilling and lateral release is not medically necessary or appropriate.

DME: brace for right knee QTY:1: 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, the associated services are not medically necessary.Since the primary procedure is not medically necessary, the associated services are not medically necessary.

Physical Therapy 2 times a week for 6 weeks for right knee QTY:12: 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, the associated services are not medically necessary.Since the primary procedure is not medically necessary, the associated services are not medically necessary.