

Case Number:	CM14-0008106		
Date Assigned:	02/12/2014	Date of Injury:	08/30/2013
Decision Date:	06/24/2014	UR Denial Date:	01/13/2014
Priority:	Standard	Application Received:	01/22/2014

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 patient is a 66 year old male with reported industrial injury to right knee 8/30/13. Exam note 12/9/13 demonstrates improvement to right knee after injection. Examination demonstrates resolution of swelling in the knee. Report of continued popping, catching and creeping. Report of locking sensation in the knee is reported. MRI of the right knee 11/20/13 demonstrates attenuation of posterior horn and mid segment of the medial meniscus. Osteoarthritis is noted of the medial aspect of the tibiofemoral joint and considerable generalized loss of articular cartilage of patella with finding of osteoarthritis at the patellofemoral joint. Small loose bodies are noted between femoral condyle and posterior cruciate ligament.

IMR ISSUES, DECISIONS AND RATIONALES

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

RIGHT KNEE ARTHROSCOPY PARTIAL MEDIAL MENISCECTOMY: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: ACOEM GUIDELINES, KNEE COMPLAINTS, 1021-1022

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

Decision rationale: Knee Complaints /ACOEM Chapter 13 Knee Complaints, pages 344-345, states regarding meniscus tears, "Arthroscopic partial meniscectomy usually has a high success rate for cases in which there is clear evidence of a meniscus tear--symptoms other than simply pain (locking, popping, giving way, recurrent effusion); clear signs of a bucket handle tear on examination (tenderness over the suspected tear but not over the entire joint line, and perhaps lack of full passive flexion); and consistent findings on MRI." In this case the MRI from 11/20/13 demonstrates osteoarthritis of the knee without clear evidence of meniscus tear. The ACOEM guidelines then goes on to state that, "Arthroscopy and meniscus surgery may not be equally beneficial for those patients who are exhibiting signs of degenerative changes." As the patient has significant osteoarthritis the determination the requested knee arthroscopy is not medically necessary.

POST OPERATIVE THERAPY 2 TIMES A WEEK FOR 6 WEEKS RIGHT KNEE QTY: 12.00: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: POST SURGICAL TREATMENT GUIDELINES , KNEE CHAPTER, 24-25

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.

ICE MACHINE QTY: 1.00: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS ODG Knee and Leg

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

KNEE BRACE RIGHT QTY: 1.00: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Knee and Leg

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.

PREOPERATIVE EVALUATION: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

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.

RESECTION OF MULT LOOSE FRAGMENTS QTY: 1.00: Upheld

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

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, loose body removal surgery (arthroscopy)

Decision rationale: CA MTUS/ACOEM is silent on the issue of knee loose bodies. According to the ODG, Knee and leg chapter, loose body removal surgery (arthroscopy), Recommended where symptoms are noted consistent with a loose body, after failure of conservative treatment, but knee arthroscopic surgery for treatment of osteoarthritis is not recommended. In cases of knee osteoarthritis where mechanical symptoms are consistent with a loose body, meniscal tear or chondral flap tear, arthroscopy after failure of non-operative treatment is indicated. This is especially true if the pathology is in a compartment (i.e. lateral) other than one with advanced joint space collapse (i.e. medial). In this case the patient has diffuse osteoarthritis and the MRI report from does not demonstrate which compartment involves the loose bodies. In addition, there is no documentation of failure of conservative care in the cited records to support the ODG guidelines for loose body removal. Therefore the request is not medically necessary.