

Case Number:	CM14-0009570		
Date Assigned:	02/14/2014	Date of Injury:	12/30/2012
Decision Date:	06/24/2014	UR Denial Date:	01/14/2014
Priority:	Standard	Application Received:	01/24/2014

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 53-year-old male security patrolman sustained an industrial injury on December 30, 2012. Injury was sustained when he stepped off a sidewalk curb, lost his balance and twisted his right knee and left hip. The November 6, 2013 right knee x-rays documented advanced osteoarthritis of the right knee, severe in the medial compartment. The December 3, 2013 orthopedic report noted right knee and right ankle pain, loss of range of motion, myospasms, numbness, and weakness. Knee and ankle range of motion was limited and painful. Lumbar range of motion was reported limited and painful. The diagnosis was internal derangement knee, effusion right ankle, and lumbar spine disc disorder. A partial meniscectomy and right knee arthroscopy with debridement was requested. Acupuncture and physical therapy were requested for 12 sessions. A December 12, 2013 orthopedic report from a different provider cited subjective complaints of right knee pain radiating to the right hip and bilateral knee instability, swelling, stiffness, and weakness. Right knee physical exam findings documented medial and lateral joint line tenderness, positive McMurray's and Apley's, no anterior cruciate ligament laxity, normal neurovascular exam, evidence of genu varum, and joint swelling, effusion, and tenderness over the anterior, medial, and lateral joint lines. Right knee range of motion was 5-110 degrees with 4/5 right knee flexion/extension strength. The diagnosis included osteoarthritis right knee, chondromalacia patella, osteochondritis, and meniscus tear knee. MRI findings confirmed degenerative re-tear of the medial meniscus with marked extrusion, complex degenerative tear of the lateral meniscus, complete denudation of the articular cartilage in the medial compartment with subchondral eburnation, marginal osteophyte formation, and joint space narrowing, and prominent subchondral osteophytes within the lateral femoral condyle and irregularity of the overlying articular cartilage. The treatment plan recommended right total knee replacement. Records indicate that the right total knee replacement was approved in utilization review on

December 5, 2013. The January 14, 2014 utilization review denied the request for right knee arthroscopy with debridement and partial meniscectomy as a total knee replacement had been approved and the requested surgery was not medically necessary for a patient with advanced chondromalacia and osteoarthritis of the knee. Physical therapy and acupuncture for the right knee were not indicated given the total knee replacement and were denied.

IMR ISSUES, DECISIONS AND RATIONALES

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

PARTIAL MENISCECTOMY OF THE RIGHT KNEE, RIGHT KNEE ARTHROSCOPY WITH DEBRIDEMENT: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 364-347.

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, Meniscectomy Section.

Decision rationale: Under consideration is a request for partial meniscectomy of the right knee, right knee arthroscopy with debridement. The California MTUS guidelines do not provide recommendations for surgery in chronic knee injuries. The Official Disability Guidelines provide criteria for meniscectomy or meniscus repair that include conservative care (exercise/physical therapy and medication or activity modification) plus at least two subjective clinical findings (joint pain, swelling, feeling or giving way, or locking, clicking or popping), plus at least two objective clinical findings (positive McMurray's, joint line tenderness, effusion, limited range of motion, crepitus, or locking, clicking, or popping), plus evidence of a meniscal tear on MRI. Guideline criteria have not been met. There were no specific subjective or objective exam findings documented by the requesting provider to support the medical necessity of meniscectomy and debridement consistent with guidelines. There are radiographic findings of advanced right knee osteoarthritis. A right total knee replacement was recommended by a different provider and approved. The request for a partial meniscectomy of the right knee, right knee arthroscopy with debridement, is not medically necessary or appropriate.

ACUPUNCTURE 12 SESSIONS FOR THE RIGHT KNEE: 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.

PHYSICAL THERAPY 12 SESSIONS FOR THE RIGHT KNEE: 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.