MAXIMUS Federal Services

Case Number:	CM14-0106762		
Date Assigned:	08/01/2014	Date of Injury:	11/29/2010
Decision Date:	09/03/2014	UR Denial Date:	06/27/2014
Priority:	Standard	Application Received:	07/10/2014

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 Pennsylvania. 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 claimant is a 28-year-old man who injured the left knee in a work related accident on 11/29/10. Records provided for review include the report of a magnetic resonance imaging (MRI) dated 08/09/12, identifying chondromalacia of the patella with signal change to both the medial and lateral meniscus. Following a course of conservative care, the records show that the claimant underwent left knee arthroscopy on 10/24/13; the surgical findings were not documented. The report of the office visit dated 04/16/14 describes continued tenderness both medially and laterally as well as anteriorly at the patella. Physical examination showed 4/5 strength and restricted range of motion and no documentation of instability. There is no documentation of postoperative imaging for review. This review is for a second surgical process for knee arthroscopy, partial medial meniscectomy, debridement, loose body removal and anterior cruciate ligament reconstruction with allograft.

IMR ISSUES, DECISIONS AND RATIONALES

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

Anterior Cruciate Ligament Reconstruction with Allograft: Upheld

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

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

Decision rationale: Based on California MTUS ACOEM Guidelines, the request for anterior cruciate ligament reconstruction with allograft would not be supported. According to the ACOEM Guidelines, anterior cruciate ligament (ACL) reconstruction is warranted for individuals who have significant symptoms of instability caused by ACL incompetence. In this case, there is no documentation of imaging or clinical finding that would identify ACL instability. The claimant's physical examination shows no anterior posterior instability and there is no indication of imaging findings of an ACL injury. The specific surgical request in this case would not be supported. Therefore, the request is not medically necessary.

Possible Chondroplasty, synovectomy and removal of Loose Body: 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).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343-344.

Decision rationale: California MTUS ACOEM Guidelines would not support the request for possible chondroplasty, synovectomy and removal of loose body. There is no imaging study to identify the need for the procedures. As stated above, the need for operative intervention in this individual has not been established. This would negative the need for intraoperative chondroplasty, synovectomy or any degree of loose body removal procedure. Therefore, the request is not medically necessary.

Pre-Op Medical Clearance: 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).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Chapter 7 Independent Medical Examinations and Consultations, page 127.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Left Knee Arthroscopy with Partial Meniscectomy: 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).

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

Decision rationale: California ACOEM Guidelines would not support the role of left knee arthroscopy for partial meniscectomy. In regards to surgical meniscectomy, ACOEM Guidelines state that it is appropriate if there is clear evidence of meniscal tearing with symptoms other than simply pain that is with consistent findings on magnetic resonance imaging (MRI). While this individual's MRI scan of 2012 demonstrated meniscal signal changes, since that time he has undergone operative intervention in the form of arthroscopy and there is no documentation of postoperative imaging for review to determine the status of the meniscus. There would currently be no direct clinical indication for role of surgical arthroscopy or meniscectomy procedure without documentation of postoperative imaging or recent treatment. Therefore, the request is not medically necessary.