

Case Number:	CM14-0106882		
Date Assigned:	07/30/2014	Date of Injury:	11/29/2011
Decision Date:	09/09/2014	UR Denial Date:	06/12/2014
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 New York. 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:

Patient is a 45-year-old male who sustained an injury to the right wrist and right hand. He's had 2 hand and wrist surgeries. Patient also reports left knee pain with weakness and locking. He describes swelling of the knee and giving way of the knee. His mechanical symptoms have not responded to conservative care. He underwent right knee arthroscopy in January 2014 for partial lateral meniscectomy and chondroplasty of the femoral condyle and patella. Physical examination showed small effusion with tenderness along the medial joint line. Range of motion was 0-230 degrees and surgical scars are healed. Some medial joint line tenderness is present on examination. Right knee MRI from 2013 shows grade 3 chondromalacia of the medial femoral condyle. There is degenerative tearing of the lateral meniscus also mild patellar chondromalacia. MRI of the left knee from 2014 shows degenerative changes but no tearing of menisci or ligaments. Patient continues to have mechanical knee symptoms. At issue, is whether left knee arthroscopy is medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pre-operative medical clearance: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation National Guideline Clearinghouse recommendations.

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

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary. This patient does not meet criteria for left knee surgery. There is no documentation of adequate trial and failure of conservative measures to include sustained physical therapy for knee strengthening and range of motion. Also, range of motion in the left knee is noted to be normal. Patient left knee MRI does not show any evidence of significant meniscal tear or ligament tear. The MRI notes some degenerative changes but no tears of either meniscus or ligament. The patient has not had adequate conservative measures for his left knee degenerative knee pain, more conservative measures are needed. Criteria for knee arthroscopy are not met at this time.

Knee brace immobilizer L1820 dispensed in office: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

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. Also, the medical records do not indicate any evidence of major ligament tearing or major instability on physical examination. Guidelines do not support knee bracing when the knee is deemed to be stable and ligaments are intact.

Cold therapy unit frequency/duration not specified: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Knee& Leg Chapter; continuous-flow cryotherapy section.

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.