

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM14-0011938 | | |
| Date Assigned: | 02/21/2014 | Date of Injury: | 12/11/2012 |
| Decision Date: | 06/26/2014 | UR Denial Date: | 01/23/2014 |
| Priority: | Standard | Application Received: | 01/29/2014 |

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:

The patient is a 58-year-old gentleman who injured his left knee on 12/11/12. The records provided for review document that following a course of conservative care, the claimant underwent left knee arthroscopy, synovectomy, partial lateral meniscectomy and debridement on 05/13/13. Intraoperatively, degenerative findings were noted to include Grade 3 changes of the patella and Grade 2 changes of the medial and lateral compartment. Due to continued complaints of pain postoperatively, the claimant was treated with physical therapy and viscosupplementation injections. A 10/10/13 follow-up report noted continued complaints of lateral knee pain. An examination showed 4+/5 hamstring and quadriceps strength and tenderness over the lateral joint line. A request at that time was for a postoperative MRI scan of the knee. It was documented by the treating physician that the repeat MRI scan showed evidence of an intra-articular loose body and lateral meniscal tearing; the formal MRI report was not made available for review. The follow-up evaluation of 11/04/13 noted persistent left knee complaints walking and catching with examination showing 0-125 degrees range of motion, lateral joint line tenderness and no instability. Based upon the claimant's postoperative course of care, the recommendation was made for repeat "left knee arthroscopy."

IMR ISSUES, DECISIONS AND RATIONALES

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

LEFT KNEE ARTHROSCOPY: Upheld

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

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

Decision rationale: Based on California MTUS/ACOEM Guidelines, the request for a left knee arthroscopy cannot be recommended as medically necessary. The patient's postoperative MRI report is unavailable for review. It is unclear as to whether true repeat meniscal pathology is present or if the MRI is showing findings consistent with a prior meniscectomy. The patient also appears to have significant underlying tricompartmental degenerative change at time of the last procedure in May of 2013. In absence of the imaging report, and based only on the documented findings by the physician, there would be no indication for surgical intervention in the form of arthroscopy for this individual with underlying tricompartmental degenerative change. The MTUS/ACOEM Guidelines indicate that surgical intervention is less than beneficial in individuals exhibiting symptoms consistent with underlying arthritis.