

Case Number:	CM14-0012237		
Date Assigned:	02/21/2014	Date of Injury:	09/26/1997
Decision Date:	08/06/2014	UR Denial Date:	01/22/2014
Priority:	Standard	Application Received:	01/30/2014

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 62-year-old male who has submitted a claim for Secondary Localized Osteoarthritis, Lower Leg, associated with an industrial injury date of September 26, 1997. Medical records from 2013 through 2014 were reviewed, which showed that the patient complained of minimal left knee pain, primarily at the anteromedial aspect of the knee. On physical examination, the knee wound was benign and there was soreness about the anteromedial joint line. Range of motion was restricted and mild effusion was present. No post-operative imaging studies were included in the records for review. The treatment to date has included medications, physical therapy, and left total knee replacement. The utilization review from January 22, 2014 modified the request for S-A left knee manipulation, meniscectomy, chondroplasty to S-A left knee manipulation because there was no meniscus or articular cartilage findings in the recent medical reports to warrant justification of meniscectomy and chondroplasty.

IMR ISSUES, DECISIONS AND RATIONALES

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

S-A LEFT KNEE MENISECTOMY, CHONDROPLASTY: 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), Knee and Leg Procedure Summary.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343-345. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg, Chondroplasty.

Decision rationale: According to pages 343-345 of the California MTUS ACOEM Practice Guidelines, regarding meniscectomy, guidelines state that arthroscopic meniscectomy is recommended for repair of severe mechanical symptoms and signs or serious activity limitations if MRI findings are consistent for meniscal tear. Regarding chondroplasty, California MTUS does not specifically address this issue. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Official Disability Guidelines (ODG) was used instead. The ODG states that chondroplasty is indicated when all of the following criteria are met, conservative care; subjective findings of joint pain and swelling; objective findings of effusion or crepitus or limited range of motion; and a chondral defect on MRI. In this case, the patient had prior left total knee arthroplasty. A left knee meniscectomy, chondroplasty is not medically necessary due to the sole fact that there is lack of organic meniscus and/or cartilage in a prosthetic knee. Therefore, the request for S-A left knee meniscectomy, chondroplasty is not medically necessary.