MAXIMUS Federal Services

Case Number:	CM14-0014774		
Date Assigned:	02/28/2014	Date of Injury:	09/13/2010
Decision Date:	07/10/2014	UR Denial Date:	01/23/2014
Priority:	Standard	Application Received:	02/05/2014

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, has a subspecialty in Shoulder and Elbow 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 injured worker is a 62-year-old male who reported injury on 09/13/2010. The most recent legible documentation was dated 12/10/2013 which revealed the injured worker had complaints of left knee pain and stiffness. The pain increased with prolonged standing. The physical examination of the left knee revealed mild swelling. There was +3 tenderness to palpation at the lateral joint line, medial joint line, and superior border of the patella. The McMurray's caused the pain on the left. The diagnosis was a left knee meniscus tear. The treatment plan was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

LEFT KNEE ARTHROSCOPY WITH DEBRIDEMENT 29866: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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 Chapter, Mosaicplasty.

Decision rationale: The ACOEM Guidelines indicate that surgical consultations may be appropriate for injured workers who have activity limitation for more than 1 month and a failure

of exercise programs to increase range of motion and strength of the musculature around the knee. Additionally, they indicate that cartilage grafts and/or transplantations of osteochondral defects are somewhat controversial. They may be effective in injured workers less than 40 years old with active lifestyles, exhibiting a singular, traumatic-caused grade 3 or 4 femoral condyle deficit. The diameter of the deficit should not exceed 20 mm for osteochondral autograft transplant system procedures. The clinical documentation submitted for review failed to provide an MRI to support the necessity for the requested treatment. There was a lack of documentation indicating the injured worker had a grade 3 or grade 4 femoral condyle deficit. The CPT code 29866 is for arthroscopy, knee, surgical; osteochondral autografts example mosaicplasty including harvesting of the autografts. As such, secondary guidelines were sought. The Official Disability Guidelines do not recommend mosaicplasties. The submitted documentation was of poor fax quality and difficult to read. There was a lack of documentation indicating the injured worker had a failure of an exercise program. Given the above, the request for left knee arthroscopy with debridement 29866 is not medically necessary.