

Case Number:	CM14-0017593		
Date Assigned:	04/16/2014	Date of Injury:	07/27/2003
Decision Date:	06/03/2014	UR Denial Date:	01/17/2014
Priority:	Standard	Application Received:	02/12/2014

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 claimant is a 52-year-old female who was injured on July 27, 2003 injuring her low back and her right knee in a work related accident. She was status post right knee arthroscopy with lateral retinacular release. A followup report of August 21, 2013 gave her the diagnoses of chondromalacia patella, patellofemoral tendonitis, and right knee internal derangement. Reviewed at that time were plain film radiographs of December 2012 that showed medial compartment osteoarthritis and a repeat MRI from December 26, 2012 which showed degenerative changes to the lateral meniscus with infrapatellar bursitis and chondromalacia to the patella. Physical examination showed a positive McMurray's test, positive patellofemoral crepitation, and tenderness to both the medial and lateral compartment. Based on failed conservative care including a recent Synvisc I injection, surgical arthroscopy was recommended. Further imaging is not noted.

IMR ISSUES, DECISIONS AND RATIONALES

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

REVISION RIGHT KNEE DIAGNOSTIC AND OPERATIVE ARTHROSCOPY: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 346-347.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 344-45.

Decision rationale: This claimant's clinical picture is indicative of significant patellofemoral change based on previous history of lateral retinacular release as well as advanced medial compartment degenerative change from imaging assessment. The acute need of meniscal repair from degenerative findings from an MRI scan of 2012 would not clearly correlate with the claimant's treatment and clinical picture. The acute need for the surgical arthroscopy would not be supported based on the ACOEM Guidelines. The request is not medically necessary and appropriate.