

Case Number:	CM14-0019487		
Date Assigned:	04/21/2014	Date of Injury:	05/24/2011
Decision Date:	07/02/2014	UR Denial Date:	02/07/2014
Priority:	Standard	Application Received:	02/14/2014

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 Orthopaedic 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:

This 57-year-old male sustained an industrial injury on 5/24/01 while employed as a commercial airlines baggage handler. The patient is status post multiple surgeries including C3-C7 disc replacement in 2010, left carpal tunnel release, left thumb ligament reconstruction and tendon interposition, right rotator cuff surgery, and L4/5 and L5/S1 fusion on 6/27/13. The patient underwent left knee arthroscopic debridement, medial meniscectomy, and chondroplasty over a decade ago with improvement in symptoms. A left knee MRI in March 2012 reportedly showed evidence of chondral wear at the patellofemoral joint and post-operative changes versus meniscal re-injury. The 1/20/14 treating physician report cited multiple orthopedic issues and complaints including bilateral knee pain and swelling. Objective findings documented extensive left knee pain, effusion, medial joint line and patellofemoral joint tenderness to palpation, negative left knee provocative testing for internal derangement and instability, and evidence of chondromalacia at the patellofemoral joint and medial compartment. The treating physician indicated that conservative treatment had been tried and failed, including cortisone shots on multiple occasions, anti-inflammatory modalities, medications, and rehab. The patient had recurrent pain and wished to proceed with left knee surgery. The plan was for arthroscopic debridement, chondral meniscal surgery with post-operative physical therapy, two to three times a week for approximately 3 to 4 months. The 2/5/14 utilization review recommended non-certification based on an absence of current imaging or weight bearing studies. The 2/27/14 left knee weight bearing x-rays documented minimal patellofemoral joint marginal osteophytes, no joint effusion, well-preserved medial and lateral compartment joint spaces, and no acute abnormality.

IMR ISSUES, DECISIONS AND RATIONALES

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

KNEE ARTHROSCOPY/SURGERY: Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg, Chondroplasty, Meniscectomy.

Decision rationale: Under consideration is a request for knee arthroscopy surgery. The California MTUS guidelines do not provide recommendations relative to knee surgery for chronic injuries. The Official Disability Guidelines criteria for chondroplasty include evidence of conservative care (medication or physical therapy), plus joint pain and swelling, plus effusion or crepitus or limited range of motion, plus a chondral defect on MRI. Criteria for meniscectomy or meniscus repair include conservative care (exercise/physical therapy and medication or activity modification) plus at least two subjective clinical findings (joint pain, swelling, feeling or giving way, or locking, clicking or popping), plus at least two objective clinical findings (positive McMurray's, joint line tenderness, effusion, limited range of motion, crepitus, or locking, clicking, or popping), plus evidence of a meniscal tear on MRI. Guideline criteria have essentially been met for the requested left knee arthroscopy. The patient presents with joint pain and swelling, effusion, and imaging positive for a chondral defect and possible meniscal re-injury. Reasonable pharmacologic and non-pharmacologic conservative treatment has been tried and failed. Therefore, this request for knee arthroscopy surgery is medically necessary.