MAXIMUS Federal Services

Case Number:	CM14-0114982		
Date Assigned:	08/06/2014	Date of Injury:	08/07/2012
Decision Date:	09/15/2014	UR Denial Date:	06/30/2014
Priority:	Standard	Application Received:	07/22/2014

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:

This 48-year-old male police officer sustained an industrial injury on 8/7/12. Injury occurred while climbing over a tall cinder block wall. Past surgical history was positive for left knee arthroscopy with partial lateral meniscectomy and chondroplasty on 5/27/11. The patient underwent left knee arthroscopy with removal of loose bodies, chondroplasty, and partial medial meniscectomy on 1/31/13. The 3/10/14 orthopedic report cited continued and variable left knee pain with popping. Physical exam documented mild effusion, medial and lateral joint line tenderness, and increased posteromedial pain with flexion beyond 90 degrees. There was a 0.5 cm opening when the knee was flexed at 30 degenerative. He had a 2+ Lachman, negative pivot shift test, and positive McMurray's test. The 5/5/14 orthopedic report cited continued left knee pain. The diagnosis was left medial joint line swelling with tenderness, effusion, locking, catching, and narrowing of the medial joint line. The treatment plan requested left knee arthroscopic partial medial meniscectomy and subchondroplasty. The 6/5/14 left knee MRI impression documented small tears of the medial meniscus in the free margin and undersurface of the mid-body. There was a 10 mm segment of moderate chondral thinning of the posterior aspect of the lateral femoral condyle. The 6/30/14 utilization review denied the left knee surgery and associated requests as there was no AME support for additional surgery and there was no guideline support for subchondroplasty. The 7/11/14 appeal letter submitted by the orthopedic surgeon indicated that arthroscopic partial medial meniscectomy and injection of bony paste into the lateral femoral condylar defect of 10 mm seen on the 6/5/14 MRI was medically necessary and supported by recent studies.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left Knee Arthroscopic Partial Medial Meniscectomy and the SubChondroplasty to be done at the same time: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee & Leg: Subchrondroplasty.

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 and Leg, Subchondroplasty.

Decision rationale: The California MTUS guidelines state that arthroscopic partial meniscectomy may be highly successful in cases with clear evidence of a meniscus tear, symptoms other than pain, clear signs of a bucket handle tear on exam, and consistent findings on MRI. The Official Disability Guidelines state that subchondroplasty is not recommended. Subchondroplasty, a surgical treatment to repair bone marrow edema by restoring support and relieving abnormal stresses with internal fixation and bone stimulating surgical techniques, may possibly be effective in relieving knee OA pain, but this has not been proven. Guideline criteria have not been met. This patient presents status post two knee arthroscopies with prior partial medial meniscectomy and chondroplasties. There is no detailed documentation that recent comprehensive pharmacologic and non-pharmacologic conservative treatment had been tried and failed. Long term large volume studies regarding subchondroplasty have not been documented. Given the absence of guideline support for all requested procedures, this request is not medically necessary and appropriate.

Pre-Operative Clearance: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not med necessary, none of the associated services are medically necessary.

Crutches: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not med necessary, none of the associated services are medically necessary.

Thermacooler Rental for Four (4) Weeks: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not med necessary, none of the associated services are medically necessary.

Post-Operative Physical Therapy for the Left Knee Two (2) times a week for Eight (8) weeks: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not med necessary, none of the associated services are medically necessary.