

Case Number:	CM14-0136657		
Date Assigned:	09/03/2014	Date of Injury:	06/14/2011
Decision Date:	10/02/2014	UR Denial Date:	08/20/2014
Priority:	Standard	Application Received:	08/25/2014

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 44-year-old who sustained an injury in a work related accident on 06/14/11. The clinical records provided for review include the 06/27/14 progress report noting continued complaints of left knee pain despite conservative care of medications, physical therapy, and injections. The report documented that the claimant has a known history of "internal derangement" and is status post left knee arthroscopy, synovectomy, and meniscectomy. Physical examination findings showed 5/5 motor strength, restricted left knee range of motion at endpoints, mild edema, and medial and lateral joint line tenderness with crepitation. Based on the clinical findings, the recommendation was made for knee arthroscopy, partial meniscectomy, and a high tibial osteotomy. The medical records do not contain any recent imaging reports. However, the treating provider documented that the claimant's MRI from February showed the prior meniscectomy with irregular signal change of the lateral meniscus and extensive full thickness cartilage loss of the medial compartment.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 LEFT KNEE ARTHROSCOPY WITH PARTIAL MEDICAL MENISECTOMY; HIGH TIBIAL OSTEOTOMY, AS AN OUTPATIENT: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 344-345. Decision based on Non-MTUS Citation Treatment in Worker's Comp, 18th Edition, 2013 Updates: knee procedure Osteotomy

Decision rationale: Based on the California ACOEM Guidelines and supported by the Official Disability Guidelines, the request for left knee arthroscopy, partial medial meniscectomy, and high tibial osteotomy as an outpatient cannot be recommended as medically necessary. ACOEM Guidelines recommend partial meniscectomy when there are clear signs of a bucket handle tear on examination and consistent findings on MRI. ACOEM Guidelines also state that arthroscopy and meniscus surgery may not be equally beneficial for those patients who are exhibiting signs of degenerative changes. The Official Disability Guidelines state that tibial osteotomy is indicated for individuals with unicompartamental osteoarthritic change. The medical records identify change to the patellofemoral compartment as well. There is no documentation or reports of plain film radiographs to assess the claimant's joint space nor support the need for surgical arthroscopy and meniscectomy for this claimant who has already undergone a meniscectomy and has evidence of degenerative change. Therefore, the request for surgery given the claimant's clinical picture would not be supported as medically necessary.

SURGICAL ASSISTANT FOR THE SURGERY: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Milliman Care Guidelines 18th edition: assistant surgeon Assistant Surgeon Guidelines (Codes 29240 to 29894)

Decision rationale: The request for left knee arthroscopy, partial medial meniscectomy, and high tibial osteotomy as an outpatient cannot be recommended as medically necessary. Therefore, the request for an assistant surgeon is also not recommended as medically necessary.