MAXIMUS Federal Services

Case Number:	CM14-0152598		
Date Assigned:	09/22/2014	Date of Injury:	06/30/2011
Decision Date:	10/22/2014	UR Denial Date:	09/12/2014
Priority:	Standard	Application Received:	09/18/2014

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 Indiana. 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 52-year-old female who suffered an injury to her right knee when she tripped and fell over a pile of power cords on June 30, 2011. An MRI from October 2011 was negative. Previous knee x-rays dated 12/2/10 revealed mild degenerative changes. She underwent arthroscopic surgery on the right knee in March 2012 and open right knee surgery for a Carticel procedure on 4/4/13. The worker had an arthrotomy performed with autologous chondrocyte transplant of the medial femoral condyle and trochlear groove. The worker did participate in formal physical therapy as well as a home exercise program after her surgery and used a home CPM machine. She continues to complain of right knee pain 3 - 8/10. She remains functional and walks for exercise and does stretches. Medications include MS Contin 15 mg/day; Norco 10/325 mg 4/day; Relafen, Ambien, and Reglan. On a 3/31/14 follow-up office visit with her treating physician, the worker is noted to have less pain since her Carticel procedure on the right knee but she complains of a significant catch when her knee is brought into full extension. There is palpable crepitus and the worker complains of a giving way sensation of the knee. There was no swelling or warmth of the knee. An x-ray of the right knee performed on 6/16/14 was interpreted as revealing osteoporosis but no definite acute clinically significant pathology was demonstrated. The treating physician is requesting authorization for an outpatient arthroscopic debridement of the knee to debride probable overgrowth of articular cartilage of the trochlea of the knee s/p Carticel procedure to decrease the catching and giving was sensation of the worker's right knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

Diagnostic Arthroscopic Debridement of the Right Knee: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 344-345. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment Index, 12th Edition (Web), 2014, Knee and Leg, Meniscectomy

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: ACOEM V.3, Knee > Summary of Recommendations > Knee Arthroscopy

Decision rationale: The ACOEM V.3 guidelines do recommend a knee arthroscopy to evaluate and diagnose patients with knee pain if they have suspicion of clinically significant meniscal tear, intra-articular body, and other subacute or chronic mechanical symptoms and have an equivocal or inconclusive MRI. In this worker's case, she does have mechanical symptoms of catching and giving way of her right knee with crepitus s/p Carticel procedure to the right knee performed on 4/4/13. The worker has not had a follow-up MRI of the knee despite these continued mechanical knee symptoms and for this reason, the requested diagnostic arthroscopic debridement of the right knee is not medically necessary.

Facility: Outpatient Surgery Center: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 344-345. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment Index, 12th Edition (Web), 2014, Knee and Leg-Meniscectomy

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

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