MAXIMUS Federal Services

Case Number:	CM14-0152766		
Date Assigned:	09/23/2014	Date of Injury:	02/17/1985
Decision Date:	10/30/2014	UR Denial Date:	08/19/2014
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 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 56-year-old gentleman who was injured in a work-related accident on 02/17/85. The medical records provided for this review document current bilateral knee complaints. The report of an MRI of the left knee dated 04/25/13 revealed moderate to severe degenerative arthrosis of the patellofemoral compartment and severe changes in the lateral compartment. A horizontal tear of the lateral meniscus with joint effusion was also noted. The report of a clinical assessment dated 07/31/14 noted continued complaints of bilateral knee pain. Specific to the left knee, there was pain with walking and weight bearing. Physical examination of the left knee revealed an antalgic gait pattern with pain in both varus and valgus stretching, calf tenderness to palpation, and positive McMurray's testing. The report documented that the claimant had failed considerable conservative care with regard to the left knee. The treating physician reviewed the 2013 MRI findings and recommended left knee arthroscopy

IMR ISSUES, DECISIONS AND RATIONALES

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

Left knee arthroscopic surgery: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343-344. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Indications for surgery

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343-345.

Decision rationale: Based on California ACOEM Guidelines, the request for left knee arthroscopy is not recommended as medically necessary. The medical records document that the claimant has advanced end stage degenerative change to both the patellofemoral and lateral compartments as shown on the 2013 MRI. While there are noted to be lateral degenerative changes on imaging, ACOEM Guidelines fail to support the role of arthroscopic intervention for meniscal surgery in individuals exhibiting signs of advanced degenerative arthritis. Given the claimant's clear evidence of advanced degenerative findings on imaging, the acute role of surgical arthroscopy would not be supported.