

Case Number:	CM14-0156374		
Date Assigned:	09/25/2014	Date of Injury:	12/23/1996
Decision Date:	10/31/2014	UR Denial Date:	08/21/2014
Priority:	Standard	Application Received:	09/24/2014

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 is a 59 year old female with a 12/23/96 injury date. She slipped and fell on the floor and hurt her buttocks. The handwritten notes are difficult to read and most of them do not have dates. In an 8/7/14 follow-up, the patient complains of left knee popping, catching, grinding, and swelling. Objective findings included mild swelling and range of motion from 0 to 130 degrees. A left knee MRI on 8/6/14 showed essentially absent lateral meniscus, likely postsurgical changes of the medial meniscus, and tri-compartmental degenerative changes. Diagnostic impression: left knee sprain with possible internal derangement. Treatment to date: left knee arthroscopy with partial medial and lateral meniscectomy (5/3/12), medications, physical therapy, home exercise. A UR decision on 8/21/14 denied the request for left knee arthroscopy on the basis that the documents are illegible and it is unclear whether there are reports on functional limitations or other objective findings consistent with internal derangement. The request for pre-op medical clearance was denied because it does not apply, given the non-certification of the surgical procedure.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left Knee Arthroscopy: Upheld

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

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 Chapter.

Decision rationale: CA MTUS does not support arthroscopic surgery in the absence of objective mechanical signs, such as locking, popping, giving way, recurrent effusion or instability, and consistent findings on MRI. In addition, ODG criteria for diagnostic arthroscopy include persistent pain and functional limitations recalcitrant to conservative care, when imaging is inconclusive. However, it is unclear from the documentation what the rationale is for repeating a left knee arthroscopy. The patient has already had medial and lateral partial meniscectomies and there is no evidence of new meniscal tears on the recent MRI. Based upon the available objective evidence, the diagnosis appears to be osteoarthritis. Therefore, an arthroscopy for diagnostic purposes would not be necessary. In addition, routine knee arthroscopy with debridement and/or chondroplasty for the treatment of osteoarthritis is not supported by the guidelines or medical literature. Therefore, the request for left knee arthroscopy is not medically necessary.

Pre-operative Medical 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 medically necessary, none of the associated services are medically necessary.