

Case Number:	CM14-0164904		
Date Assigned:	10/10/2014	Date of Injury:	10/13/2010
Decision Date:	12/31/2014	UR Denial Date:	09/25/2014
Priority:	Standard	Application Received:	10/07/2014

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:

48-year-old male with reported industrial injury of October 13, 2010. MRI right knee from March 24, 2011 demonstrates a tear of the posterior superior margin of the lateral meniscus as well as a medial meniscus tear. Severe hypertrophic changes are noted at distal femur proximal tibia with popliteal fluid collection seen posteriorly. There is a questionable loose body seen in the posterior joint space. MRI left knee from March 4, 2011 demonstrates a complex tear posterior horn medial meniscus. Severe hypertrophic changes are seen at the distal femur or proximal tibia. Narrowing of the patellofemoral joint is present. There is evidence of a joint effusion with popliteal fluid collection at the posterior mid aspect of the knee. Provider recommends a subchondroplasty with meniscectomy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left knee subchondroplasty with arthroscopic meniscectomy: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation ODG-TWC

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg, Meniscectomy

Decision rationale: CA MTUS/ACOEM is silent on the issue of subchondroplasty. According to the ODG, Knee and Leg, Subchondroplasty, "Not recommended. Use is not supported for full thickness chondral defects or joint space narrowing in osteoarthritis." As the patient has evidence of osteoarthritis and joint space narrowing neither the subchondroplasty nor meniscectomy are recommended. Therefore the determination is not medically necessary.

Right knee subchondroplasty with arthroscopic meniscectomy: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation ODG-TWC

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg section, Subchondroplasty

Decision rationale: CA MTUS/ACOEM is silent on the issue of subchondroplasty. According to the ODG, Knee and Leg, Subchondroplasty, "Not recommended. Use is not supported for full thickness chondral defects or joint space narrowing in osteoarthritis." As the patient has evidence of osteoarthritis and joint space narrowing neither the subchondroplasty nor meniscectomy are recommended. Therefore the determination is not medically necessary.

24 post op PT 2 x 12 for bilateral knees: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation ODG-TWC

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

Decision rationale: As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.

Crutches-purchase: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation ODG-TWC

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

Decision rationale: As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.

Thermacooler-rental for 4 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation ODG-TWC

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

Decision rationale: As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.

Pre-op medical/surgical clearance: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation ODG-TWC

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

Decision rationale: As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.