

Case Number:	CM14-0167448		
Date Assigned:	10/14/2014	Date of Injury:	06/30/2003
Decision Date:	11/17/2014	UR Denial Date:	09/25/2014
Priority:	Standard	Application Received:	10/10/2014

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 Family Medicine 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 48-year-old male patient who sustained a work related injury on 06/30/2003. He sustained the injury due to a slip and falls incident. The current diagnosis includes right knee loose bodies and left knee meniscal tear. According to the doctor's note dated 9/15/14, patient had complaints of bilateral knee pain and right knee giving out. He appears to have some loose debris in the joint itself, in addition to chondral wear of the patellofemoral region post knee replacement. The medications list includes Cymbalta. He has had bilateral knee X-rays dated 7/11/12 which revealed status post right knee total Arthroplasty, minimal effusion, increasing heterotopic ossification in the infrapatellar region and unremarkable left knee radiological examination; bilateral knee X-rays dated 10/3/11 which revealed stable hardware of the right knee, progressive patellar tendon calcifications on the right and stable mild degenerative finding in the left knee; MRI left knee dated 8/23/12 which revealed complex tear of the anterior horn and body of the lateral meniscus without displaced or flipped fragments; MRI lumbar spine dated 11/27/12 which revealed slight facet Arthroplasty at multiple levels, disc bulge at L4-5 level, mildly effacing the thecal sac with mildly narrowed neural foramina at L4-5. He has undergone Left Knee Arthroscopy and Lateral Meniscectomy in 1992 and multiple right knee surgeries from 1994 to 2010 which resulted in revision of right knee total replacement. He has had left knee Depo Medrol injections.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Knee Athrotomy, Synovectomy, Liner: 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): 343-344.

Decision rationale: A detailed physical examination of the right knee with the presence of significant functional activity limitation is not specified in the records provided. Response to conservative therapy including physical therapy visits is not specified in the records provided. The response of the patient's symptoms to NSAIDs is not specified in the records provided. The report and findings of a recent MRI or a recent imaging study of the right knee is not specified in the records provided. The medical necessity of a Right Knee Arthroscopy, Synovectomy, and Liner is not fully established for this patient at this time.

Left Knee Scopy w/ Meniscectomy: 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): 343-344. Decision based on Non-MTUS Citation Chapter: Knee & Meniscectomy

Decision rationale: A detailed physical examination of the left knee with the presence of significant functional activity limitation is not specified in the records provided. Response to conservative therapy including physical therapy visits is not specified in the records provided. The response of the patient's symptoms to NSAIDs is not specified in the records provided. The medical necessity of Left Knee Scopy w/ Meniscectomy is not fully established for this patient at this time.