

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM14-0170140 | | |
| Date Assigned: | 10/20/2014 | Date of Injury: | 09/01/2012 |
| Decision Date: | 12/15/2014 | UR Denial Date: | 09/10/2014 |
| Priority: | Standard | Application Received: | 10/15/2014 |

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 Surgeon, and is licensed to practice in Arizona. 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 51-year-old female sustained an injury to her left knee on 9/1/2012. She continues to complain of left knee pain associated with swelling and a tendency to buckle. The progress note of 8/14/2014 states the patient has constant left knee pain associated with swelling and giving way. She rates the pain a 6/10. The pain is increased with climbing steps, squatting, walking, and standing for more than 20 minutes at a time. She occasionally uses a cane or a walker to ambulate. She has completed physical therapy with no improvement. Her MRI shows a tear of the medial meniscus with moderate swelling. She complains of retropatellar pain and crepitation with slight lateral patellar tracking. She has slight pain along the medial joint line and a positive medial McMurray. Request is made for arthroscopic surgery with a medial meniscectomy and "correction of internal derangement of the knee" which includes synovectomy, chondroplasty, and a lateral retinacular release.

IMR ISSUES, DECISIONS AND RATIONALES

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

Correction of internal derangement: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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, lateral retinacular release

Decision rationale: This CA MTUS states that partial meniscectomy has a high success rate in cases where there is clear evidence of a meniscal tear and consistent findings on MRI. This patient has chondral thinning in both the medial and lateral compartment which may signify early osteoarthritic changes. This may preclude her from getting an excellent result. The ODG discusses the criteria for lateral retinacular release which may be indicated for patients with recurrent subluxation of the patella. This patient has a slight lateral tracking of her patella but no evidence on MRI of a patella tilt and no evidence of subluxation. As far as chondroplasty is concerned, the patient has no evidence of a chondral defect on her MRI and if she does have early arthritic changes in the knee, the chondroplasty will not improve the osteoarthritis. The physician needs to define what his diagnoses are instead of using a catch all phrases like "internal derangement". In addition he needs to develop a specific treatment plan which should include the diagnosis and procedures to correct these diagnoses. Until we have this documentation, the medical necessity for the procedures listed has not been established.