

Case Number:	CM14-0020704		
Date Assigned:	04/30/2014	Date of Injury:	11/30/2005
Decision Date:	07/08/2014	UR Denial Date:	02/03/2014
Priority:	Standard	Application Received:	02/19/2014

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 37 year old male who sustained an injury to the left knee in a work related accident on 11/30/05. Records provided for review indicate that initially the claimant underwent arthroscopic intervention and ACL reconstruction in February 2007. Postoperatively, the claimant experienced progressively worsening symptoms in the medial aspect of the knee diagnosed as significant underlying arthrosis. The December 17, 2013 report of radiographs identified a varus alignment of the knee, joint space narrowing, osteophyte formation and tricompartmental degenerative change, most pronounced to the medial compartment. Evaluation on that date documented that the claimant had continued complaints of knee pain; examination showing tenderness to palpation medially, a positive 2 Lachman, and positive anterior drawer testing, but no medial or lateral instability. The evaluation noted that the claimant failed a progressive course of postoperative care including physical therapy. A knee arthroscopy with high tibial osteotomy was recommended for further intervention.

IMR ISSUES, DECISIONS AND RATIONALES

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

LEFT KNEE ARTHROSCOPY, ARTHROTOMY, PARTIAL MEDIAL MENISCECTOMY, SYNOVECTOMY, CHONDROPLASTY, REMOVAL OF PROXIMAL TIBIA HARDWARE AND OPEN HIGH-TIBIAL OSTEOTOMY: 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.
Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

Decision rationale: The ODG Guidelines in regards to high tibial osteotomy recommend it for unicompartmental osteoarthritis of the knee for correction. This individual had tricompartmental degenerative change at time of clinical presentation. The advancement of the individual's osteoarthritic change beyond the medial compartment would not have supported the role of high tibial osteotomy as requested. As such, the request is not medically necessary and appropriate.