

Case Number:	CM14-0021038		
Date Assigned:	02/21/2014	Date of Injury:	09/18/2012
Decision Date:	07/28/2014	UR Denial Date:	01/08/2014
Priority:	Standard	Application Received:	01/09/2014

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 patient is a 52-year-old male who has submitted a claim for right knee continued chondromalacia with knee pain and synovitis associated with an industrial injury date of September 18, 2012. Medical records from 2013 were reviewed. The patient complained of persistent right knee pain, rated 8/10 in severity. The knee also has associated swelling. Physical examination showed tenderness in medial and lateral joint line. There was positive effusion present. There was no gross ligamentous instability. A well-healed portal incision was noted. Imaging studies were not available for review. Treatment to date has included medications, physical therapy, right knee arthroscopy, cortisone injection, Supartz injections, open reduction and internal fixation of left elbow fracture, right shoulder arthroscopy and rotator cuff repair, and activity modification. A utilization review, dated January 8, 2014, denied the request for right total knee arthroscopy with ConforMIS 1 total system at campus surgery center because the request seems to be a typographical error, and was likely meant to be arthroplasty. Furthermore there was no postoperative imaging studies and no operative report provided from the previous arthroscopy to ascertain the extent of degeneration in the right knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

RIGHT KNEE ARHTROSCOPY: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Non-MTUS ODG, Knee Arthroscopy.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 344. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee and Leg Section, Diagnostic arthroscopy.

Decision rationale: Page 344 of the California MTUS ACOEM Practice Guidelines does not support arthroscopic surgery in the absence of objective mechanical signs, such as locking, popping, giving way, or recurrent effusion or instability, and consistent findings on MRI, in the management of knee injuries. In addition, ODG criteria for diagnostic arthroscopy include persistent pain and functional limitations recalcitrant to conservative care, when imaging is inconclusive. Second look arthroscopy is only recommended in case of complications from OATS (Osteoarticular Transfer System) or ACI (Autologous Chondrocyte Implantation) procedures. In this case, patient complained of persistent right knee pain. The patient previously had a right knee arthroscopy with partial meniscectomy and chondroplasty on March 28, 2013. According to a progress report dated December 10, 2013, review of his surgical record show chondromalacia in the medial and lateral joint areas. There was no mention from the medical records submitted that the patient underwent OATS and ACI procedure. There is no indication for a repeat arthroscopy of the right knee. Furthermore, the most recent progress report dated December 10, 2013 states that the treatment plan was to do right total knee arthroplasty. However, the present request is for right knee arthroscopy. The medical necessity was not established due to conflicting information. Therefore, the request for right knee arthroscopy is not medically necessary.