

Case Number:	CM14-0022854		
Date Assigned:	06/11/2014	Date of Injury:	03/28/2013
Decision Date:	07/24/2014	UR Denial Date:	01/28/2014
Priority:	Standard	Application Received:	02/24/2014

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:

This 56-year-old male sustained an industrial injury on 1/28/13. The mechanism of injury is not documented. The 4/24/13 left knee MRI impression documented small joint effusion with associated mild synovial thickening involving the medial plica. There was an oblique tear of the posterior horn and body of the medial meniscus. The patient underwent left knee diagnostic arthroscopy, partial medial and lateral meniscal resections, pick chondroplasty, medial femoral condyle, and synovectomy involving the medial and lateral compartments on 8/16/13. The operative report cited grade 2 chondromalacia patella. The medial femoral condyle had a grade 4 chondromalacia lesion approximately 2x3 cm. The 12/20/13 treating physician reports cited the patient was status post left knee arthroscopic partial meniscectomy with recurrent symptoms. Left knee exam documented range of motion 0-125 degrees, weakness over the vastus medialis oblique muscle, and positive femoral grind test. The diagnosis was status post left knee arthroscopy with partial meniscectomy and left knee osteochondral defect. The treatment plan recommended a left knee arthroscopy with osteochondral debridement with grafting. The patient was reported capable of regular work. The 1/8/14 utilization review denied the request for right knee surgery. The patient had undergone a meniscectomy and chondroplasty on 8/16/13 with no subsequent injury documented. A repeat chondroplasty at this point would not offer any additional benefit over that obtained from the first surgery.

IMR ISSUES, DECISIONS AND RATIONALES

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

LEFT KNEE ARTHROSCOPY WITH OSTEOCHONDRAL DEBRIDEMENT WITH GRAFTING: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 346-347, Table 13-6. Decision based on Non-MTUS Citation Indications for Surgery - Chondroplasty.

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, Osteochondral autograft transplant system (OATS).

Decision rationale: The California MTUS do not provide recommendations for surgery in chronic knee conditions. The Official Disability Guidelines recommend osteochondral grafting for specific indications. Indications for osteochondral autograft transplant system (OATS) include medication or physical therapy, and joint pain and swelling. Objective clinical findings include failure of previous subchondral drilling or microfracture, intact and fully functional menisci and ligaments, normal knee alignment, normal joint space, and body mass index less than 35. Imaging evidence of a chondral defect on the weight bearing portion of the medial or lateral femoral condyle is required. Guideline criteria have been met. There is arthroscopic evidence of a medial femoral condyle grade 4 chondromalacia lesion approximately 2x3 cm noted in the operative report. There is no clear indication that the patient has failed the microfracture procedure performed on 8/16/13. The 8/30/13 report documented minimal post-op pain. She successfully returned to work on 12/1/13. Recurrent symptoms are reported on 12/20/13, but pain and swelling are not specifically documented in any of the progress reports after 8/30/13. Therefore, this request for left knee arthroscopy with osteochondral debridement with grafting is not medically necessary.

POST-OPERATIVE PHYSICAL THERAPY, TWO TIMES PER WEEK FOR FOUR WEEKS, LEFT KNEE: Upheld

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

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

Decision rationale: As the request for left knee arthroscopy with osteochondral debridement with grafting is not medically necessary, this request for post-operative physical therapy, two times per week for four weeks, left knee, is also not medically necessary.

POST-OPERATIVE DEEP VEIN THROMBOSIS (DVT) COLD UNIT FOR THE LEFT KNEE: Upheld

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

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

Decision rationale: As the request for left knee arthroscopy with osteochondral debridement with grafting is not medically necessary, this request for post-operative deep vein thrombosis (DVT) cold unit for the left knee is also not medically necessary.

PRE-OPERATIVE MEDICAL CLEARANCE FOR THE LEFT KNEE: Upheld

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

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

Decision rationale: As the request for left knee arthroscopy with osteochondral debridement with grafting is not medically necessary, this request pre-operative medical clearance for the left knee is also not medically necessary.