MAXIMUS Federal Services

Case Number:	CM14-0028392		
Date Assigned:	06/16/2014	Date of Injury:	12/28/2012
Decision Date:	07/23/2014	UR Denial Date:	02/24/2014
Priority:	Standard	Application Received:	03/06/2014

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 61 year-old female sustained an industrial injury on 12/28/12.The 7/23/13 left knee MRI revealed osteoarthritic changes of the medial and patellofemoral compartment. There was subchondral bone marrow edema, but no osteochondral defect or trabecular fracture. There was a probable re-tear of the medial meniscus. The 2/13/14 treating physician report cited persistent left knee pain. Objective findings stated no change. The patient did pool therapy, which only relaxed her. The diagnosis was lumbosacral neuritis, knee osteoarthritis, and patellofemoral syndrome. The patient was not working. The treatment plan recommended left knee arthroscopy with debridement and refilled Norco. The 2/24/14 utilization review denied the request for left knee arthroscopy based on insufficient subjective and objective documentation to support the reported diagnoses of knee osteoarthritis and patellofemoral syndrome. There was no guideline support for knee arthroscopy with debridement for a diagnosis of osteoarthritis. The 4/17/14 treating physician report cited complaints of back and knee pain. Physical exam findings documented the left knee to be swollen, tender and stiff. Left knee range of motion was 0-110 degrees. The patient used a cane for ambulation. The treating physician reviewed the 1/22/14 AME report. Future medical for the left knee included physical therapy and injections for exacerbations, and future total knee replacement. The patient was not ready to proceed with total knee replacement, and would continue with home exercise, medications, and activity modification.

IMR ISSUES, DECISIONS AND RATIONALES

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

LEFT KNEE ARTHROSCOPY WITH DEBRIDEMENT: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation the Official Disability Guidelines (ODG): Knee (Acute & Chronic).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee, Meniscectomy.

Decision rationale: The Official Disability Guidelines criteria for meniscectomy or meniscus repair include conservative care (exercise/physical therapy and medication or activity modification) plus at least two subjective clinical findings (joint pain, swelling, feeling or giving way, or locking, clicking or popping), plus at least two objective clinical findings (positive McMurray's, joint line tenderness, effusion, limited range of motion, crepitus, or locking, clicking, or popping), plus evidence of a meniscal tear on MRI. Guideline criteria have not been met. The clinical exam does not provide subjective and objective evidence consistent with imaging findings of meniscal tear to support the medical necessity of surgery. Comprehensive non-operative treatments had not been documented to have been tried and failed. Therefore, this request for left knee arthroscopy with debridement is not medically necessary.

PRE-OPERATIVE MEDICAL CLEARANCE, AS OUT PATIENT: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation the Official Disability Guidelines (ODG): Knee (Acute & Chronic).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Institute for Clinical Systems Improvement (ICSI). Preoperative evaluation.

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