

Case Number:	CM14-0028983		
Date Assigned:	06/16/2014	Date of Injury:	06/11/2001
Decision Date:	07/17/2014	UR Denial Date:	02/22/2014
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 48-year-old male construction worker sustained an industrial injury 6/11/01, when a 10-wheel truck backed over him, running over his right leg. He underwent a right above knee amputation with four subsequent revision surgeries. The patient developed other orthopedic and nerve issues from long-term walker and wheelchair use and increased body weight. The 2/20/14 treating physician report cited increasing left knee pain, especially with single stance gait on the left side, causing significant impact in daily activities. Pain, catching, locking, and give way was reported with pivot. An MRI in 2011 showed a tear of the medial meniscus. Physical exam findings documented full extension, flexion to 130 degrees, fair effusion, strongly positive McMurray and Apley test in the medial joint line. The treatment plan recommended a diagnostic arthroscopy of the left knee with meniscectomy, chondroplasty, or any other necessary procedure. The 2/22/14 utilization review denied the request for left knee surgery based on 2011 left knee MRI report that documented a normal study, with slight effusion and evidence of prior trauma and pre-patellar bursitis. The 3/11/14 left knee MRI impression documented no internal derangement, trace joint effusion, and possible mild degree of chondromalacia patella. The medial and lateral menisci were reported normal without evidence of tear.

IMR ISSUES, DECISIONS AND RATIONALES

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

**ONE LEFT KNEE ARTHROSCOPY, MENISECTOMY AND CHONDROPLASTY
ABRASION:** Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 344-345.

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, Meniscectomy, Chondroplasty.

Decision rationale: Under consideration is a request for left knee arthroscopy, meniscectomy, and chondroplasty abrasion. The California MTUS does not provide surgical recommendations for chronic knee conditions. The Official Disability Guidelines criteria for chondroplasty include evidence of conservative care (medication or physical therapy), plus joint pain and swelling, plus effusion or crepitus or limited range of motion, plus a chondral defect on MRI. Criteria for meniscectomy or meniscus repair include conservative care (exercise/physical therapy and medication or activity modification) plus subjective and objective clinical findings and imaging evidence of a meniscal tear. Guideline criteria have not been met. There are no consistent imaging findings of meniscal tear or chondral defect to support the requested surgical procedures. Therefore, this request for left knee arthroscopy, meniscectomy and chondroplasty abrasion is not medically necessary.

ONE COLD THERAPY UNIT: Upheld

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

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, Continuous flow cryotherapy.

Decision rationale: As the request for left knee arthroscopy, meniscectomy and chondroplasty abrasion is not medically necessary, the request for one cold therapy unit is also not medically necessary.

TWELVE POST-OPERATIVE PHYSICAL THERAPY VISITS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 24-25.

Decision rationale: As the request for left knee arthroscopy, meniscectomy and chondroplasty abrasion is not medically necessary, the request for twelve post-operative physical therapy visits is also not medically necessary.

ONE PAIR OF CRUTCHES: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee and Leg, Walking aids (canes, crutches, braces, orthoses, & walkers).

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, Walking aids (canes, crutches, braces, orthoses, & walkers).

Decision rationale: As the request for left knee arthroscopy, meniscectomy and chondroplasty abrasion is not medically necessary, the request for one pair of crutches is also not medically necessary.