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| Case Number: | CM14-0034261 | | |
| Date Assigned: | 07/23/2014 | Date of Injury: | 12/12/2005 |
| Decision Date: | 08/27/2014 | UR Denial Date: | 02/28/2014 |
| Priority: | Standard | Application Received: | 03/19/2014 |

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 Pennsylvania. 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 55-year-old male who injured his left knee on 12/12/05. The records provided for review include the report of an MRI of the left knee dated 12/04/13 showing degenerative osteophytes, a small joint effusion, and no definitive meniscal tearing or other significant findings. The follow up report of 02/14/14 notes that the claimant was being evaluated for both knees. Specific to the left knee the examination showed positive crepitation, grinding, no pain with rotational movements or other physical examination findings documented. The report noted subjective complaints of medial joint line pain and that imaging identified significant chondral wearing of the patellofemoral joint. Surgery was recommended for left knee arthroscopy, meniscectomy and chondroplasty. There is no documentation in the records of recent conservative care. The report of plain film radiographs dated 10/25/13 showed tricompartmental degenerative changes.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left Knee scope with Meniscectomy and chondroplasty: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines Knee Arthroscopic surgery related for oostearthritis.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 344-345. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment in Worker's Comp: 18th Edition, 2013 Updates; Chapter Knee and Leg, Chondroplasty.

Decision rationale: The ACOEM Guidelines do not support the request for left knee arthroscopy with meniscectomy and chondroplasty. The claimant has degenerative arthritis but no indication of acute meniscal pathology on imaging. ACOEM Guidelines recommend clear evidence of a meniscal tear on physical examination and imaging. Without direct clinical correlation between examination findings and imaging demonstrating discernible meniscal pathology, the proposed surgery cannot be recommended as medically necessary.

Pre Op EKG: Upheld

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Pre Operative Clearance: Upheld

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Pre Operative Labs CBC renal function panel, PT PTT: Upheld

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Post Operative Physical therapy one to two times a week for four weeks: Upheld

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Crutches: Upheld

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.