

Case Number:	CM14-0036676		
Date Assigned:	07/07/2014	Date of Injury:	12/26/1996
Decision Date:	08/12/2014	UR Denial Date:	03/11/2014
Priority:	Standard	Application Received:	03/26/2014

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 Texas. 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 injured worker is a 65-year-old female who reported an injury on 12/16/1996. The injured worker's prior treatments included physical therapy and a left knee arthroscopy, debridement, synovectomy, and meniscectomy, on 11/07/2012. The mechanism of injury was not provided. Documentation additionally indicated the injured worker underwent Synvisc injections. The injured worker underwent an MRI of the right knee on 01/31/2014 which revealed since the previous examination, the injured worker had undergone a resection of virtually the entire lateral meniscus. There was a truncated anterior horn remnant. Since the previous study, the injured worker had developed full thickness chondral loss throughout the central and posterior weight bearing surface of the lateral compartment with diffusely exposed subchondral bone, cortical and subcortical sclerosis and large osteophytes. There was redemonstration of moderate joint fluid with multiple loose joint bodies, similar to previous examination. There was mild to moderate chondral irregularity and thinning of the patella that was stable. There was moderate chondral thinning throughout the medial compartment similar to slightly progressed compared to the previous study. The documentation of 04/28/2014 revealed the injured worker had persistent left knee pain and complained of catching, locking, and giving-way. The x-ray revealed mild to moderate degenerative joint disease in the left knee. There was joint space narrowing. The MRI of the left knee revealed multiple large loose bodies in the knee. The diagnoses included left knee anterolateral meniscus loose bodies. The treatment plan included failed conservative treatment of the left knee, physical therapy 20 visits, home exercise program, aspiration, cortisone injections, Orthovisc times 3 injections, and Nonsteroidal Anti-Inflammatory Drugs (NSAIDs). The request is for authorization of the left knee arthroscopy with joint debridement and removal of loose bodies and Chondroplasty.

IMR ISSUES, DECISIONS AND RATIONALES

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

LEFT KNEE ARTHROSCOPY CHONDROPLASTY REMOVAL OF LOOSE BODIES: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg Chapter, Chondroplasty, Arthroscopic surgery for osteoarthritis.

Decision rationale: The Official Disability Guidelines indicate the criteria for Chondroplasty includes medications or physical therapy, plus joint pain and swelling, and objective findings of effusion or crepitus, or limited range of motion and a chondral defect on an MRI. The physical examination revealed the injured worker had locking, popping, and giving-way. However, there was a lack of documentation of objective findings of effusion or crepitus, or limited range of motion. There was a chondral defect on the MRI. Additionally, the injured worker had mild to moderate degenerative joint disease in the left knee and had been treated with Orthovisc which would be suggestive of an arthroscopic surgery for osteoarthritis. The Official Disability Guidelines do not recommend lavage and debridement in injured worker's with osteoarthritis of the knee. Given the above, the request for left knee arthroscopy Chondroplasty removal of loose bodies is not medically necessary.