

Case Number:	CM14-0039260		
Date Assigned:	07/23/2014	Date of Injury:	04/10/2012
Decision Date:	08/27/2014	UR Denial Date:	03/07/2014
Priority:	Standard	Application Received:	04/03/2014

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 50-year-old gentleman who injured his right knee on 04/10/12. The clinical records provided for review include the report of an MRI dated 02/12/14 that was compared to the previous study of April of 2012 and identified moderate tricompartmental degenerative arthritis most noted in the medial and patellofemoral compartments where grade IV changes with erosion were seen. There was also a signal change to the medial meniscus consistent with an under surface tear. The follow up report on 02/27/14 described continued complaints of knee pain with physical examination showing tenderness to palpation. It was documented that conservative care has included physical therapy, anti-inflammatory agents and passage of time. The recommendation was made for repeat knee arthroscopy, debridement and meniscectomy. The records noted that the claimant had previously undergone knee arthroscopy in July of 2012.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right knee arthroscopy, debridement, meniscectomy: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment in Workers Comp 18th edition 2013 updates, Knee & Leg chapter.

MAXIMUS guideline: The Expert Reviewer based his/her decision on the MTUS ACOEM Practice Guidelines, Chapter 13 Knee Complaints, page Page 343-45 and on the Non-MTUS Official Disability Guidelines (ODG) Treatment in Worker's Comp; 18th Edition, 2013 Updates; Chapter Knee and Leg; Chondroplasty.

Decision rationale: California ACOEM Guidelines and supported by the Official Disability Guidelines would not support the need for a right knee arthroscopy, debridement and meniscectomy. The imaging shows end stage degenerative changes of both the patella and medial compartments. While there is evidence of a signal change consistent with under surface tearing to the meniscus, ACOEM Guidelines do not recommend the role of operative intervention in the form of meniscectomy in the setting of advanced degenerative arthritis. The request is not medically necessary.

Preoperative H & P: Upheld

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

Purchase of a cold therapy unit:

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment in Workers Comp 18th edition, 2013 Updates, Knee & Leg Chapter - Continuous flow cryotherapy.

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

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

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