

Case Number:	CM14-0041895		
Date Assigned:	06/30/2014	Date of Injury:	10/19/2001
Decision Date:	07/23/2014	UR Denial Date:	04/03/2014
Priority:	Standard	Application Received:	04/09/2014

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 Orthopaedic 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 66-year-old female sustained an industrial left knee injury on 10/19/01. The mechanism of injury is not documented. She underwent left total knee arthroplasty on 2/19/13. The 3/12/14 left knee CT scan revealed no gross evidence of loosening of the femoral or tibial components. The total knee replacement was well-aligned on a neutral mechanical axis. Lab testing was negative for evidence or concern for infection. The 3/31/14 orthopedic report cited continued anterior left knee pain with grinding and catching. Pain limited mobility and kept her awake at night. There was significant difficulty getting up from a chair, going up and down stairs, or walking hills. Physical exam documented small effusion, marked patellofemoral crepitation with active extension and a distinct patellar clunk. Pain was elicited with patellofemoral grind test and patellar compression. The patella tracked centrally with no tilt. The patient had failed to respond adequately to conservative treatment including anti-inflammatories, activity modification, physical therapy, and 2 corticosteroid injections. Injections provided good relief with a recurrence of symptoms. An arthroscopic limited synovectomy was recommended to debride patellar scarring and clunk. The 4/3/14 utilization review approved the request for left knee arthroscopy with synovectomy but denied the requests for partial meniscectomy and chondroplasty. This patient was status post total knee arthroplasty and these procedures should have already been done at the time of surgery.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left Knee Arthroscopy with Partial Meniscectomy: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343-345, Surgical Considerations. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) 19th Edition, 2014: Knee Chapter, Indications for Surgery- Meniscectomy; Washington, 2003.

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.

Decision rationale: The California MTUS does not provide recommendations for chronic knee conditions. The Official Disability Guidelines criteria for meniscectomy 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. This patient is status post total knee arthroplasty on 2/19/13. There are no clinical exam findings or imaging evidence of a meniscal tear. Therefore, this request for left knee arthroscopy with partial meniscectomy is not medically necessary.

Left Knee Arthroscopy with Chondroplasty: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343-345, Surgical Considerations. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), 19th Edition, 2014: Knee Chapter, Indications for Surgery- Chondroplasty.

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, Chondroplasty.

Decision rationale: The California MTUS does not provide 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. Guideline criteria have not been met. This patient is status post total knee arthroplasty on 2/19/13. There are no clinical exam findings or imaging evidence of a chondral. Therefore, this request for left knee arthroscopy with chondroplasty is not medically necessary.