

Case Number:	CM14-0049406		
Date Assigned:	06/25/2014	Date of Injury:	08/16/2012
Decision Date:	07/23/2014	UR Denial Date:	03/12/2014
Priority:	Standard	Application Received:	03/25/2014

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 46-year-old male sustained an industrial injury on 8/16/12, due to a fall from a ladder. He was diagnosed with a right tibia-fibula fracture. He underwent right tibia external fixation and open reduction and internal fixation, intramedullary (IM) nailing of the right fibula. He subsequently underwent right tibia irrigation and debridement on 8/29/12, right tibia irrigation and debridement with wound vacuum assisted closure (VAC) application on 9/19/12, and debridement of the right leg wound and splint-thickness skin grafting on 10/3/12. The 10/10/13 right knee x-ray impression documented degenerative arthrosis of the medial femorotibial compartment and patellofemoral articulation. The 3/3/14 right knee MRI impression documented mild to moderate chondromalacia patella with focal areas of underlying chronic reactive signal on the undersurface of the patella, and anterior knee joint effusion. The menisci were reported of normal size, contour and signal density. The 3/4/14 treating physician report cited continued low back and right knee pain. Right knee exam findings documented positive crepitus, effusion, positive patellofemoral grind test, painful McMurray's test, and 0-120 degrees range of motion. Right knee arthroscopy with patellofemoral chondroplasty and possible meniscectomy with post-operative physical therapy and cold therapy unit was requested. The 3/12/14 utilization review denied the request for right knee arthroscopy with patellofemoral chondroplasty and possible meniscectomy as there was no documentation of conservative treatment, such as physical therapy or corticosteroid injections. There is no documentation of current medications, recent right knee physical therapy, or right knee injections in the records.

IMR ISSUES, DECISIONS AND RATIONALES

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

7day rental of a cold therapy unit.: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Knee and Leg, Chondroplasty, Meniscectomy.

Decision rationale: As the request for the associated right knee arthroscopy, patellofemoral chondroplasty, and possible meniscectomy is not medically necessary, therefore the request for 7-day rental of a cold therapy unit is also not medically necessary.

1right knee arthroscopy, patello-femoral chondroplasty, and possible meniscetomy between 3/7/2014 and 4/21/2014.: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation Official Disability guidelines-Treatment for Workers'Compensation, Online Edition Chapter Knee and Leg diagnostic arthroscopy.Official Disability guidelienes Indications for Surgery --diagnostic arthroscopy.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Knee and Leg, Chondroplasty, Meniscectomy.

Decision rationale: 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 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. There is no detailed documentation that recent comprehensive pharmacologic and non-pharmacologic conservative treatment for the right knee had been tried and failed. There is no evidence of a meniscal tear on the 3/3/14 MRI. Therefore, this request for right knee arthroscopy, patellofemoral chondroplasty, and possible meniscectomy is not medically necessary.