

Case Number:	CM14-0052305		
Date Assigned:	04/22/2014	Date of Injury:	11/17/2012
Decision Date:	05/01/2014	UR Denial Date:	02/13/2014
Priority:	Expedited	Application Received:	04/21/2014

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 New Hampshire, New York and Washington. 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:

Patient has been diagnosed with knee osteoarthritis, chondromalacia, and meniscal tears. MRI of the left knee from December 2012 documented subchondral edema in the medial tibial plateau. There was thinning of the articular cartilage in the medial femoral tibial compartment. There is a horizontal non-displaced medial meniscal tear. A possible tear partially of the ACL is present and there is a moderate joint effusion. The patient has tried braces and anti-inflammatory medications. He has tried intra-articular steroid injections and viscose supplementation injections, however; he continues to have knee pain. At issue is whether left knee arthroscopy and chondroplasty surgery with meniscectomy is medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

LEFT KNEE ARTHROSCOPY CHONDROPLASTY, MENISCECTOMY: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 1020-1021. Decision based on Non-MTUS Citation Official Disability Guidelines (OGD), Knee and Leg, Chondroplasty.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, (OGD), Knee Pain, Knee Arthroscopy.

Decision rationale: The ODG does not support use of knee arthroscopy for the diagnosis of knee arthritis. The patient has a diagnosis of knee arthritis. Arthroscopy of the knee has not been shown to benefit patients with a diagnosis of knee osteoarthritis. This patient does not meet criteria for knee arthroscopy because of primary diagnosis is knee osteoarthritis. There is no documented instability. There is no documented loss of motion. There is no significant documentation of knee abnormality on physical examination. The physical examination documentation does not support the need for a knee arthroscopy. Therefore, the requested left knee arthroscopy and chondroplasty surgery with meniscectomy is medically necessary.

ASSISTANT SURGEON: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

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