MAXIMUS Federal Services

Case Number:	CM14-0056846		
Date Assigned:	07/09/2014	Date of Injury:	05/03/2001
Decision Date:	08/18/2014	UR Denial Date:	04/10/2014
Priority:	Standard	Application Received:	04/28/2014

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 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 injured worker is a 56-year-old female who sustained a vocational injury on May 3, 2001 due to cumulative trauma. The medical records provided for review include a Utilization Review Determination that documented an MRI of the right knee was performed on January 10, 2014 that showed tricompartmental Osteoarthritic change with chondromalacia of the patella and synovial osteochondromas. There was a radial tear of the mid portion of the medial meniscus, and an oblique tear of the posterior horn of the lateral meniscus that extended to the inferior articular surface. The report of the April 22, 2014 office visit documented that the claimant had lost 110 pounds after undergoing gastric bypass surgery. She continued to complain of residual right sided knee pain with weakness. Examination showed decreased range of motion; strength was noted to be 4/5 of the right knee. McMurray's sign was noted to be positive with medial and lateral joint line and patellar crepitus. Documentation also suggests the claimant has failed medication therapy and declined intraarticular injections. The recommendation was for right knee arthroscopy with chondroplasty and partial meniscectomy.

IMR ISSUES, DECISIONS AND RATIONALES

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

RIGHT KNEE ARTHROSCOPY WITH CHONDROPLASTY, PARTIAL MENISCECTOMY: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 1021-1022. Decision based on Non-MTUS Citation OFFICIAL DISBILITY GUIDELINES.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343-345. Decision based on Non-MTUS Citation Knee and leg chapter.

Decision rationale: The California ACOEM Guidelines and the Official Disability Guidelines do not support the request for right knee arthroscopy with chondroplasty and partial meniscectomy is not medically necessary. The documentation of the MRI from January 2014 suggests the claimant has tricompartment degenerative changes and according to ACOEM Guidelines, arthroscopic surgery is not recommended in the setting of significant or tricompartmental arthritis. There is also a lack of documentation of specific medications that the claimant has failed. The Official Disability Guidelines recommend claimants should pursue anti-inflammatory medications along with formal physical therapy prior to considering surgical intervention in the setting of knee pain associated with meniscal pathology. Reported objective findings from the claimant's right knee are difficult to discern whether the claimant has ongoing complaints of pain associated with meniscal pathology or underlying degenerative symptomatology and subsequently conservative measures in the form of anti-inflammatories, activity modification, formal physical therapy, a home exercise program, consideration of bracing, and injection therapy should be utilized in an attempt to determine as well as treat subjective complaints of pain prior to considering and undergoing surgical intervention. Therefore, based on the documentation provided for review and in accordance with California ACOEM and Official Disability Guidelines, the request for the right knee arthroscopy with chondroplasty and partial meniscectomy is not medically necessary.