

Case Number:	CM14-0067746		
Date Assigned:	07/14/2014	Date of Injury:	11/12/2001
Decision Date:	09/10/2014	UR Denial Date:	04/25/2014
Priority:	Standard	Application Received:	05/12/2014

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:

The patient is a 67 year old female who was injured on 11/12/2001 while reaching for a box when she strained her low back. On 02/25/2014 the patient was seen for initial workers compensation evaluation, with an orthopedic which documented the patient had a fall in January 2002, landing on her right knee. She presented on this day with complaints of increasing pain and aching in the right knee. Overall physical examination was normal, with all special tests reported as negative and range of motion normal and equal bilaterally. She has been treated conservatively with cortisone injections to the right knee. Concluding diagnosis was joint pain, knee degenerative osteoarthritis, joint derangement and lateral meniscus tear. There is no other documentation in the records on any treatments rendered for the knee. According to Utilization Review dated 04/25/2014, there is a progress note dated 04/08/2014 and it documents a request for outpatient right knee arthroscopy with meniscus repair, patellofemoral surgery, micro fracture, posterior lateral corner surgery and subchondroplasty; however, it is unknown if the patient has been treated conservatively with a trial of physical therapy and its outcome. The request is not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient Right Knee Arthroscopy With Meniscus Repair, Patellofemoral Surgery, Micro fracture, Posterior Lateral Corner Surgery and Subchondroplasty: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 344-345. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343-347. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee, Knee Arthroscopy.

Decision rationale: The ACOEM states consideration of surgery may be indicated for patients who have activity limitation, for more than one month and have failed exercise programs to increase range of motion and strength. The medical documentation provided focuses the majority of the issues with the cervical spine and mention of the knee was not until 02/2014. There is no documented physical medicine tried or failed for the patient. The ACOEM states; that meniscus tears usually have a high success rate for cases, with clear evidence of a meniscus tear with symptoms other than simply pain. Arthroscopy and meniscus surgery may not be, equally beneficial for those patients who are exhibiting signs of degenerative changes. Based on the guidelines cited and the medical records available for review, the request is not medically necessary.