

Case Number:	CM14-0069785		
Date Assigned:	07/14/2014	Date of Injury:	10/26/2010
Decision Date:	09/08/2014	UR Denial Date:	04/28/2014
Priority:	Standard	Application Received:	05/15/2014

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 51 year old male with an 10/26/2010 date of injury. Reportedly, MRI of the right knee dated 2/23/2013 reveals complex tear involving the body and posterior horn of the medial meniscus, a high grade cartilage loss along the medial femoral condyle and mild partial-thickness cartilage loss along the medial tibial plateau, a high-grade cartilage loss along the femoral trochlea, mild-moderate tricompartmental degenerative changes, moderate-sized popliteal cyst containing several loose bodies as well as additional loose bodies in the posterior joint space, posterior to the posterior cruciate ligament, and mild patellar tendinosis. The patient had a follow-up orthopedic evaluation on 2/16/2014, regarding complaint of bilateral knee pain. Physical examination documents he has more pronounced tenderness on the right knee and walks with a cane. He was given medications. The provider acknowledges he recommended Arthroscopic surgery to both knees for diagnostic and therapeutic purposes. According to the handwritten PTP PR-2 dated 3/24/2014, the patient complains of bilateral knee pain, right greater than left. The patient reported he had seen [REDACTED] the prior week who recommended doing first right knee scope, then left knee surgery. The patient complains of increased pain with weight bearing activity. Pain is rated 8-9/10. Objective findings of the bilateral knees indicate tenderness to palpation of the medial, lateral, and popliteal, patellofemoral crepitus and decreased active ROM. There is mention of increased sensitivity to touch in the bilateral lower extremities, and the patient having history of CRPS in the left lower extremity, now developing in the left.

IMR ISSUES, DECISIONS AND RATIONALES

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

Video Arthroscopy of the Right Knee with Correction Encounter Pathology: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee, Diagnostic arthroscopy; Meniscectomy.

Decision rationale: According to the Official Disability Guidelines, diagnostic arthroscopy may be considered for patients who have had conservative care, continued pain, and functional limitations despite conservative care and inconclusive imaging. The guidelines also note Meniscectomy is associated with a high risk of knee osteoarthritis (OA). In the case of this patient, the medical records do not detail his history of conservative care directed to the right knee. Exhaustion of conservative care is not evident. In addition, there lacks findings of significant functional deficits/limitations as demonstrated on objective examination. According to the 2/18/2014 report, the patient has tenderness in the right knee than left, and walks with a cane. The documented examination findings do not establish necessity for surgical intervention.