

Case Number:	CM14-0070909		
Date Assigned:	07/25/2014	Date of Injury:	09/19/2013
Decision Date:	08/28/2014	UR Denial Date:	04/17/2014
Priority:	Standard	Application Received:	05/16/2014

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 49-year-old female food packer sustained an industrial injury on 9/19/13, relative to a trip and fall onto her right knee. The 1/8/14 right knee MRI impression documented mild to moderate osteoarthritic narrowing of the medial compartment and full thickness fissuring of the posterior medial femoral condyle articular cartilage. There was a complex medial meniscus tear. There was small joint effusion with full thickness fissuring of the patellar cartilage. The 3/24/14 treating physician report cited constant grade 6/10 right knee pain with numbness, stiffness and popping. Physical exam documented antalgic gait, exquisite medial joint tenderness, swelling, and range of motion 0-80 degrees. There were positive grinding and hyperextension tests, and negative Lachman's and drawer tests. The patient had failed conservative treatment including medications, activity modification, physical therapy, and home exercise. The treating physician opined that the patient was active before this injury. The treatment plan requested right knee arthroscopy with partial meniscectomy and chondroplasty. The patient remained on modified duty work. The 4/17/14 utilization review denied the request for right knee surgery as there was no documentation of comprehensive conservative treatment failure or mechanical symptoms.

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: Overturned

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-Meniscectomy.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343-345. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg, Chondroplasty.

Decision rationale: The California MTUS state that surgical referral may be indicated for patients who have activity limitation for more than one month and failure of exercise programs to increase range of motion and strength of the musculature around the knee. 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. Guideline criteria have been met. This patient presents with subjective and objective clinical findings consistent with the imaging findings of chondral defects. The patient has failed physical therapy, home exercise, and medications. Significant functional limitations preclude full duty work. Therefore, this request for right knee arthroscopy with chondroplasty is medically necessary.