

Case Number:	CM14-0089117		
Date Assigned:	07/23/2014	Date of Injury:	10/23/2013
Decision Date:	09/10/2014	UR Denial Date:	05/15/2014
Priority:	Standard	Application Received:	06/13/2014

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 Indiana. 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 claimant is a 28-year-old female firefighter who was injured on 10/23/13 while running for four to five miles doing training activities. The right knee pain had increased due to recent hiking activities. The claimant complains of popping and grinding when ascending and descending hills and pain with squatting, kneeling, and climbing activities. The pain is described as sharp. On physical examination, the claimant had an antalgic gait with swelling, lateral joint line and popliteal fossa tenderness, full ROM, a positive patellar grind and medial McMurray's test, and a negative anterior drawer and Lachman test. An MRI of the right knee taken on 12/4/13 revealed a small flap tear of the anterior horn of the medial meniscus, patella alta, a large joint effusion with scattered reticular debris and synovial hypertrophy, with signal change of the patellar cartilage lateral facet and tilt of the patella. Due to failure of conservative treatment measures, the treating physician requested approval for surgery for a right knee arthroscopy debridement with patellofemoral chondroplasty, medial meniscectomy, and removal of loose bodies; a surgical assistant for the procedure; post-op PT x 12; and right knee supplemental injections.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Knee Arthroscopy Debridement with patellofemoral chondroplasty, medical meniscectomy, and removal of loose bodies: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 344.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 345.

Decision rationale: According to the ACOEM guidelines Patellofemoral Syndrome, p. 345, although arthroscopic patellar shaving has been performed frequently for PFS, long-term improvement has not been proved and its efficacy is questionable. For this reason, right knee Arthroscopy Debridement with patellofemoral chondroplasty, medical meniscectomy, and removal of loose bodies is not medically necessary.

Surgery assistant: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.cms.gov/apps/physican-fee-schedule/overview.aspx>, "Regarding assistant surgeons, the Centers for Medicare & Medicaid Services (CMS) states.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 345.

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

Post-op Physical Therapy #12: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 345.

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

Right Knee Viscosupplemental injections: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG). ODG-TWC; ODG Treatment; Integrated Treatment/Disability Duration Guidelines, Knee and Leg Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: AAOS Clinical Guidelines for Treatment of Knee Arthritis.

Decision rationale: According to the AAOS Clinical Guideline for Treatment of Knee Arthritis, (the AAOS) cannot recommend using hyaluronic acid for patients with symptomatic

osteoarthritis of the knee. Strength of Recommendation: Strong. For this reason, the request for right knee viscosupplemental injections is not medically necessary.