

Case Number:	CM14-0092818		
Date Assigned:	07/25/2014	Date of Injury:	02/18/2009
Decision Date:	08/28/2014	UR Denial Date:	06/16/2014
Priority:	Standard	Application Received:	06/16/2014

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 Orthopaedic 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 56-year-old male sustained an industrial injury on 2/18/09. The mechanism of injury was not documented. The 5/29/14 treating physician report stated that the left knee MRI showed lateral meniscus tear and an unloading brace had been provided. X-rays showed bone-on-bone. Objective exam documented weakness to resisted function along the knee on the left. The diagnosis was internal derangement of the right knee status post medial and lateral meniscectomy with anterior cruciate ligament rupture in 2009. There was no right knee laxity on exam and x-rays showed complete loss of the medial articular surface. The diagnosis also included internal derangement of the left knee status post medial and lateral meniscectomy and anterior cruciate ligament augmentation with no laxity noted. Standing x-rays showed no articular surface left medially. The most recent MRI in 2013 showed a lateral meniscus tear. The treatment plan indicated the patient needed knee arthroscopy with debridement. At the end of the day, the need for bilateral total knee replacements was opined. The 6/16/14 utilization review denied the 5/29/14 request for knee arthroscopy as the knee was not specified, the patient has had past meniscectomies (and there was no post-surgical MRI for review), and there was no documentation of meniscal findings on objective exam for either knee. There was no documentation of recent conservative treatment attempts at the left or right knee. The 7/11/14 treating physician report noted additional requests for elbow surgery and right hip injection, in addition to left knee surgery.

IMR ISSUES, DECISIONS AND RATIONALES

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

Unspecified knee arthroscopy with debridement: 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) Treatment, Integrated Treatment/Disability Duration Guidelines, Knee & Leg (Acute & Chronic).

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

Decision rationale: The California MTUS state that surgical consideration 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. Guidelines support arthroscopic partial meniscectomy for cases in which there is clear evidence of a meniscus tear including symptoms other than simply pain (locking, popping, giving way, recurrent effusion), clear objective findings, and consistent findings on imaging. However, arthroscopy and meniscus surgery may not be equally beneficial for those patients who are exhibiting signs of degenerative changes. Guideline criteria have not been met. This request is for an unspecified procedure and does not clearly identify what knee the surgery is being requested for. Prior surgical history is unclear regarding dates, compared to imaging findings. There is no detailed documentation that recent comprehensive pharmacologic and non-pharmacologic conservative treatment had been tried and failed. There is no documentation of mechanical symptoms, other than simply knee pain. There are no positive meniscal signs documented on clinical exam. Therefore, this request for unspecified knee arthroscopy with debridement is not medically necessary.