



Case Number:	CM14-0096101		
Date Assigned:	07/25/2014	Date of Injury:	02/24/2012
Decision Date:	08/28/2014	UR Denial Date:	05/30/2014
Priority:	Standard	Application Received:	06/24/2014

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 Pennsylvania. 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 is a 34-year-old gentleman who sustained a vocational injury on 02/24/12 while working as a laborer. The clinical records available for review include the 05/09/14 progress report noting that the claimant reported significant decrease in pain with medications and was able to maintain his activities of daily living. The records document that the claimant had two previous knee arthroscopies, in July of 2012 and March of 2013. The report documented that physical examination revealed global tenderness of the right knee, the claimant lacked 5 degrees of extension and flexion was 80 degrees with pain. There was positive patellofemoral crepitus and he ambulated with a limp. The records indicate that the claimant's physical examination findings and subjective complaints have been unchanged for some time. The report of an MRI dated 02/13/14 showed significant degenerative changes in the medial tibial plateau and medial femoral condyle. The MRI was independently reviewed by a provider on 02/14/14 and was documented to postsurgical changes of the medial meniscus without evidence of recurrent tear, chondromalacia changes at the medial femoral condyle and medial tibial plateau, and some cortical reactive marrow changes and cyst formation within the medial tibial plateau most likely indicating that the claimant had significant degenerative change. There was blunting of the free edge of the lateral meniscus, which could represent focal degeneration but a tiny focal radial tear was considered. There was also an ovoid rib like structure within the interbody region of the anterior cruciate ligament which might represent an interligamentous bursa or ganglion cyst. The report documented that the claimant had failed conservative treatment of medications and formal physical therapy. In a letter, written on 06/20/14, it was documented that the MRI was once again reviewed and demonstrated possible recurrent tear of the lateral meniscus as well as a chondral injury and ganglion cyst of the right knee. The letter also documented that the claimant underwent 24 sessions of physical therapy, a home exercise program and activity modification

and was not able to stand or walk greater than ten minutes continuously. It also noted that the claimant initially had improvement from surgery; however, the patient's condition is worsening. This request is for right knee arthroscopy, ganglionectomy, chondroplasty, possible lateral meniscectomy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right knee arthroscopy, ganglionectomy, chondroplasty, possible lateral meniscectomy:
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 based his/her decision on the MTUS ACOEM Practice Guidelines, Chapter 13 Knee Complaints, pages 343-345 and on the Non-MTUS Official Disability Guidelines (ODG); Knee & Leg Chapter and Forearm and Wrist Chapter.

Decision rationale: Based on the California ACOEM Guidelines and the Official Disability Guidelines, the request for right knee arthroscopy, ganglionectomy, chondroplasty, possible lateral meniscectomy is not recommended as medically necessary. The records provided for review indicate that both on physical exam and subjective complaints, as well as diagnostic imaging, the claimant has moderate to significant arthritis of the right knee which is most likely post-traumatic and postsurgical in nature. The ACOEM Guidelines and the Official Disability Guidelines do not support arthroscopy of the knee in the setting of degenerative findings and symptoms. In addition, documentation suggests the claimant has ongoing and persistent pain, which may be out of proportion to physical exam and objective findings. In this setting, California MTUS ACOEM Guidelines and Official Disability Guidelines would support that claimants should exhaust all forms of conservative treatment including home exercise program, activity modification, anti-inflammatories, and injection therapy prior to considering and recommending surgical intervention. The claimant has had two previous arthroscopic procedures in 2012 and 2013 and has failed to have any significant functional or vocational long term relief and there is no indication that the new request for surgical intervention for the right knee would be able to provide any other results than what have already been presented. Therefore, based on the documentation presented for review and in accordance of California ACOEM Guidelines and Official Disability Guidelines, the request for the right knee surgical intervention cannot be considered medically necessary.