MAXIMUS Federal Services

Case Number:	CM14-0124944		
Date Assigned:	08/11/2014	Date of Injury:	09/01/2004
Decision Date:	07/01/2015	UR Denial Date:	07/23/2014
Priority:	Standard	Application Received:	08/07/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: California, Indiana, Oregon
Certification(s)/Specialty: Orthopedic Surgery

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 injured worker is a 60-year-old male, who sustained an industrial injury on 09/01/2004. He has reported injury to the neck, bilateral shoulders/arms/wrists/elbows, back, and bilateral knees. The diagnoses have included cervical degenerative disc disease; lumbar degenerative disc disease; left shoulder rotator cuff tendon tear; status post arthroscopic partial medial and lateral meniscectomy, chondroplasty, right knee, on 10/11/2004; status post arthroscopic partial medial meniscectomy, chondroplasty, left knee, on 04/25/2005; and status post arthroscopic SLAP (superior labral anterior and posterior tears) lesion repair, rotator cuff repair, subacromial decompression, right shoulder, 09/27/2005. Treatment to date has included medications, diagnostics, injections, physical therapy, and surgical intervention. A progress report from the treating physician, dated 07/15/2014, documented an evaluation with the injured worker. The injured worker reported bilateral knee pain; and significantly more pain with respect to his right knee, particularly anterolaterally. Objective findings included bilateral knee 4+ patellofemoral crepitus; moderate to exquisite tenderness about the lateral aspect of the patella and the superolateral aspect of the knee about the lateral femoral condyle. The provider included that a recent MRI of the right knee, shows possible residual or re-tear of medial meniscus; mild to moderate tricompartmental osteoarthritis; and severe patellofemoral joint osteoarthritis with evidence of bone marrow edema verses early osteonecrosis involving the lateral patella and lateral femoral condyle. The treatment plan has included the request for right knee arthroscopy, subchondroplasty of the patella and lateral femoral condyle; 1 pre-operative clearance; and eight (8) post-operative physical therapy visits for the right knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Knee Arthroscopy, Subchondroplasty of the Patella and Lateral Femoral Condyle: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 345. Decision based on Non-MTUS Citation Official Disability Guideline (ODG) Knee & Leg (Acute &Chronic) Arthroscopic surgery for osteoarthritis.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) knee.

Decision rationale: CA MTUS/ACOEM is silent on subchondroplasty for the knee. The Official Disability Guidelines so not recommended subchondroplasty for the knee. Use is not supported for full thickness chondral defects or joint space narrowing in osteoarthrosis. Has been used for consistently painful bone bruising on MRI or bone scan, with weight bearing pain, but evidence is limited or lacking. There is no quality peer-reviewed literature. In this case, the request is for a procedure not recommended by guidelines and is therefore not medically necessary.

Pre-Operative Clearance: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) knee.

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

Post-Operative Physical Therapy for the Right Knee (8-sessions): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) knee.

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