

Case Number:	CM14-0193163		
Date Assigned:	11/26/2014	Date of Injury:	10/11/2005
Decision Date:	01/26/2015	UR Denial Date:	11/05/2014
Priority:	Standard	Application Received:	11/18/2014

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 Minnesota. 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 injured worker is a 62-year-old female who injured the left knee as a result of a fall on 10/11/2005. An MRI scan at that time revealed mild narrowing of the medial joint space and a medial collateral ligament sprain but no definite meniscal tear. Subsequent x-rays of the left knee obtained on July 2, 2014 revealed patellofemoral and medial compartment osteoarthritis. Per consultation report dated 10/7/14 range of motion was 0-115 degrees. There was medial joint line tenderness. McMurray was positive. There was no instability. The provider requested arthroscopy for a diagnosis of medial meniscal tear, left knee. This was noncertified by utilization review as it was not specified if the arthroscopy was diagnostic or therapeutic and no recent conservative treatment with vacations, viscosupplementation, or corticosteroid injections and a rehabilitation program was documented. There was insufficient information with regard to the conservative treatment and the outcome of any diagnostic studies such as a recent MRI scan that suggested a meniscal tear.

IMR ISSUES, DECISIONS AND RATIONALES

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

Arthroscopy, left knee: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

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) Section: Knee, Topic: Arthroscopic surgery for osteoarthritis

Decision rationale: California California MTUS guidelines indicate surgical considerations if there is 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. For arthroscopic partial meniscectomy there should be clear evidence of a meniscal tear such as symptoms other than pain including locking, popping, giving way or recurrent effusions. They should be evidence of a meniscal tear on examination with tenderness over the suspected tear but not over the entire joint line and consistent findings on MRI. Per MTUS guidelines, arthroscopy and meniscus surgery may not be equally beneficial for those patients who are exhibiting signs of degenerative changes. The documentation here indicates the presence of patellofemoral and medial compartment osteoarthritis based upon an x-ray of July 2, 2014. The radiology report is not submitted. The available documentation does not indicate definite imaging evidence of a meniscal tear. A recent exercise program supervised by a physical therapist is also not documented. Viscosupplementation or corticosteroid injections are not documented. The requested procedure as stated is arthroscopy of the left knee. It is not clear if this represents diagnostic arthroscopy or debridement of the documented osteoarthritis. In any case, the guideline criteria for diagnostic arthroscopy including mechanical symptoms are not met. ODG guidelines do not recommend arthroscopic surgery for osteoarthritis. A progress note dated 11/4/2014 indicates the presence of a meniscal tear on a prior MRI scan. If this refers to the MRI of 2005 that report indicated the possibility of a partial thickness tear. No definite tear was documented. There is a diagnosis of osteoarthritis made based upon the July 2, 2014 x-rays but no radiology report is included in the medical records. It is not clear if standing x-rays were obtained. The MRI report is also not provided. The aforementioned guidelines do not support the requested procedure of arthroscopy left knee and as such, the medical necessity of the requested procedure is not established.

CMP: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

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

CBC: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

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

EKG: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

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

Medical clearance: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

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