

Case Number:	CM14-0079581		
Date Assigned:	07/18/2014	Date of Injury:	05/02/2012
Decision Date:	01/09/2015	UR Denial Date:	05/12/2014
Priority:	Standard	Application Received:	05/30/2014

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 60 year old female who slipped and fell on 5/2/2012 injuring the left knee She underwent an MRI scan on 7/28/12 which showed edema of the anterior cruciate ligament. She was treated with NSAIDs, physical therapy, and a corticosteroid injection. Arthroscopy was performed on 12/19/2012 with micro fracture and chondroplasty of the medial compartment and patellofemoral joint and medial portion of the lateral tibial plateau. Her pain persisted and viscosupplementation carried out. On April 1, 2014 she had moderate to severe osteoarthritis of both knees involving the medial compartments and patellofemoral joints. An MRI scan of the left knee showed severe osteoarthritis with areas of subchondral osteonecrosis of the medial compartment. A CT scan revealed the knee to be bone on bone. A possible tear of the lateral meniscus was noted on the prior MRI and arthroscopy recommended. This was non-certified by Utilization Review citing MTUS and ODG guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left knee arthroscopy, address meniscal pathology, synovectomy and debridement and chondroplasty: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 345. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee, Arthroscopic surgery for osteoarthritis

Decision rationale: California MTUS guidelines indicate arthroscopy and meniscus surgery may not be beneficial in the presence of degenerative changes. ODG guidelines do not support arthroscopic surgery for degenerative meniscal tears. Arthroscopic debridement for osteoarthritis is similar to placebo surgery. Based on the above guidelines the requested arthroscopy with meniscal surgery, synovectomy, and debridement was not medically necessary.

Eight post-operative physical therapy sessions, two times a week for four weeks.: 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.