

Case Number:	CM15-0010043		
Date Assigned:	01/30/2015	Date of Injury:	07/23/2011
Decision Date:	04/07/2015	UR Denial Date:	01/08/2015
Priority:	Standard	Application Received:	01/16/2015

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: Minnesota, Florida

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 25-year-old female with a history of bilateral knee pain. The documentation indicates that she is taking Norco for pain and using knee braces which do not help. Other medications include omeprazole, Prozac, ibuprofen and amitriptyline. She underwent a left knee arthroscopy with meniscal repair in October 2011, arthroscopy with debridement and bone grafting on August 14, 2013, and arthroscopy with anterior cruciate ligament reconstruction on March 6, 2014. No surgical procedures have been performed on the right knee. Examination of the right knee on November 5, 2014 revealed medial joint line tenderness to palpation, patellofemoral crepitation, and a mild effusion. MRI scan of the right knee dated 5/30/2014 showed no significant interval change from previous MRI scan of 10/3/2012, small amount of joint fluid, mild edema, and degenerative intrameniscal signal with no evidence of tear. An office visit of November 18, 2014 documented pain in both knees. The right knee was bothering her a lot more since the therapy. She reported constant popping in the right knee and anterior pain upon extension of the right leg. The current request pertains to arthroscopy of the right knee. The documentation indicates that she has attended physical therapy for the right knee without significant improvement. There is no documented chondral defect on the MRI scan of the right knee. There is no meniscal tear documented. Utilization review noncertified the request for right knee arthroscopy. This is now appealed to an independent medical review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right knee arthroscopy: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 346-347. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment Index, 11th Edition, 2014, Knee & Leg, Chondroplasty.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343, 344, 345. Decision based on Non-MTUS Citation Official Disability Guidelines, Section: Knee, Topic: Chondroplasty.

Decision rationale: California MTUS guidelines indicate surgical considerations for 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. Arthroscopic partial meniscectomy usually has a high rate of success for cases in which there is clear evidence of a meniscal tear. Such is not the case here. The MRI scan was said to be negative for meniscal tear. The anterior pain and crepitations on examination represent a patellofemoral syndrome. The guidelines indicate although arthroscopic patellar shaving has been performed frequently for patellofemoral syndrome, long-term improvement has not been proved and its efficacy is questionable. With regard to chondroplasty, ODG guidelines indicate the necessity of a chondral defect on the MRI scan. The MRI scan did not show a chondral defect or a torn meniscus. The diagnosis of patellofemoral syndrome is based upon the anterior pain location and the physical examination and imaging findings. As such, the request for arthroscopy is not supported and the medical necessity has not been substantiated.