

Case Number:	CM15-0148632		
Date Assigned:	08/11/2015	Date of Injury:	05/06/2014
Decision Date:	09/15/2015	UR Denial Date:	07/09/2015
Priority:	Standard	Application Received:	07/30/2015

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: 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 57 year old male, who sustained an industrial injury on May 6, 2014. Treatment to date has included arthroscopic surgery to the left knee, physical therapy, diagnostic imaging, and medications. Currently, the injured worker complains of pain in his left knee which he describes as aching with sharp pain to the mid-patella. He rates his pain a 6-7 on a 10-point scale. He reports left ankle weakness. The injured worker notes that prolonged standing or walking with aggravates his left leg. He reports difficulty going up and down the stairs and difficulty sleeping. On physical examination the injured worker has an antalgic gait and favors his left side. He has no atrophy, no visible or palpable swelling or effusion and no increased heat. He is able to squat and duck-walk with support bilaterally. He has tenderness to palpation over the left patella and has positive crepitus. He has a positive patella grind test, patellar maltracking test and patellar McMurray's test. An MR Arthrogram of the left knee revealed grade III tear through the posterior horn of the medial meniscus. The diagnoses associated with the request include left meniscal tear of the left knee, loose body in the left knee joint, left knee oblique tear to the posterior horn of the medial meniscus, tricompartmental osteoarthritis of the left knee, mucoid degeneration of the left anterior cruciate and mild thinning of the lateral compartment cartilaginous surfaces of the left knee. The treatment plan includes left knee arthroscopic, revision of the partial medial meniscectomy, possible partial lateral meniscectomy and chondroplasty of all three compartments of the left knee. Associated surgical services include pre-operative clearance, cold therapy unit, Q-tech recovery system, crutches, hinged knee brace and continuous passive motion machine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left knee arthroscopy with revision partial medial meniscectomy possible partial lateral meniscectomy and chondroplasty of all three compartments: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation Revision Arthroscopic Partial Meniscectomy of the Knee, A Retrospective review (www.ncbi.nlm.nih.gov/pubmed/69018).

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 the issue of chondroplasty. According to the ODG Knee and Leg regarding chondroplasty, criteria include ALL of the following; conservative care, subjective clinical findings of joint pain and swelling plus objective clinical findings of effusion or crepitus plus limited range of motion plus chondral defect on MRI. In this case the MRI does not demonstrate a clear chondral defect on MRI nor does the exam note demonstrate objective findings consistent with a symptomatic chondral lesion. Therefore the request is not medically necessary.

Pre-operative clearance: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Perioperative Protocol. Health care Protocol. Bloomington (MN): Institute for Clinical Systems Improvement (ICSI); 2014 Mar (www.guideline.gov/content.aspx?id=48408).

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.

Associated surgical service: Cold therapy unit, Q-tech recovery system, 14 day rental:
Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Knee & Leg (online version), Continuous-flow Cryotherapy.

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.

Associated surgical service: Continuous passive motion (CPM) 30 day rental: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Knee & Leg (online version), Venous thrombosis and Continuous passive motion (CPM).

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.

Associated surgical service: Crutches for purchase: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Knee & Leg (online version), Walking aids (canes, crutches, braces, orthoses & walkers).

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.

Associated surgical service: Hinged knee brace for purchase: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Knee & Leg (online version), Knee Brace-Criteria for the use of knee braces.

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.