

Case Number:	CM15-0034219		
Date Assigned:	03/02/2015	Date of Injury:	05/01/2013
Decision Date:	04/14/2015	UR Denial Date:	01/27/2015
Priority:	Standard	Application Received:	02/24/2015

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 47-year-old obese male who sustained a work related injury on May 1, 2013, when he fell from a ladder landing on his feet and then onto his back 18 feet, incurring back and knee injuries. He was diagnosed with lumbar spine disease with radiculopathy and a right knee internal derangement. Magnetic Resonance Imaging (MRI) revealed disk protrusions. Treatment included anti-inflammatory drugs, pain medications, cortisone injections, physical therapy and acupuncture. Currently the injured worker complained of residual back and right knee pain. On January 13, 2015, a request for a single point cane and a right knee arthroscopy with partial menisectomy and chondroplasty was non-certified by Utilization Review, noting absence of an MRI report pertaining to the right knee, The California Medical Treatment Utilization Schedule Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Single point cane: Overturned

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 ODG: Section: Knee, Topic: Walking aids.

Decision rationale: ODG guidelines recommend walking aids such as canes. Almost half of patients with knee pain possess a walking aid. Disability, pain, and age related impairment seem to determine the need for a walking aid. Contralateral cane placement is the most efficacious for patients with knee osteoarthritis. In a similar manner to which cane use unloads the limb, weight loss also decreases load in the limb to a certain extent and should be considered as a long-term strategy, especially for overweight individuals. Based upon the guidelines, the request for a cane is appropriate and medically necessary.

Right knee arthroscopy with partial meniscectomy and chondroplasty: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 344, 345.

Decision rationale: The injured worker is a 47-year-old male who weighs 280 pounds and is 5 feet 6 inches tall. There is a history of a fall from a ladder on 5/1/2013 from a height of 18 feet. The documentation submitted indicates continuing right knee pain despite conservative treatment with physical therapy, corticosteroid injections, analgesics and acupuncture. He has mechanical symptoms in the right knee as well as night pain. The MRI scan is reported to show tears of the medial and lateral menisci and chondromalacia. The MRI report has not been submitted. Utilization review noncertified the request for arthroscopy, meniscectomy, and chondroplasty based upon the absence of a radiology report pertaining to recent imaging. California MTUS guidelines indicate arthroscopic partial meniscectomy usually has a high success rate for cases in which there is clear evidence of a meniscus tear, clear signs of bucket-handle tear on examination with tenderness over the suspected tear but not over the entire joint line, and perhaps lack of full passive flexion and consistent findings on the MRI scan. Arthroscopy and meniscal surgery may not be equally beneficial for those patients who are exhibiting signs of degenerative changes. The MRI report will therefore be necessary to determine the extent of the degenerative changes in the knee and also to determine if the reported tears are degenerative in nature. ODG guidelines indicate similar results from physical therapy or partial meniscectomy for degenerative tears. In light of the foregoing, the MRI report will be necessary to determine the medical necessity of the requested procedure of arthroscopy of the right knee with partial meniscectomy and chondroplasty. As such, in the absence of the MRI report, the medical necessity of the requested procedure has not been substantiated.