

Case Number:	CM15-0044121		
Date Assigned:	03/16/2015	Date of Injury:	10/03/2014
Decision Date:	04/16/2015	UR Denial Date:	02/10/2015
Priority:	Standard	Application Received:	03/09/2015

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: New York, New Hampshire, Washington
 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 47year old female, who sustained a work/ industrial injury on 10/3/14. She has reported initial symptoms of pain, swelling and locking of the left knee. The injured worker was diagnosed as having chondral defect of left knee s/p micro fracture. Treatments to date included medication, physical therapy (1 session), orthopedic consult, and arthroscopic partial lateral meniscectomy (2/16/15). Magnetic Resonance Imaging (MRI) revealed tear of the lateral meniscus and focal areas of chondromalacia, intact ligaments, and moderate effusion. The injured worker complained of left knee pain and 'giving way' with some catching. The treating physician's report (PR-2) from 1/29/15 indicated an antalgic gait, flexed deformity, lateral joint line tenderness to the left knee, flexion of right knee 135 degrees, flexion of left knee 120 degrees, 1+ crepitus of left patella, positive McMurray's test. Treatment plan included operative arthroscopy, partial lateral meniscectomy, possible micro fracture versus OATS (Osteochondral autograft transplant system) to lateral femoral condyle, Left Knee, with surgical assistant and knee CPM (continuous passive motion) rental, 21 days.

IMR ISSUES, DECISIONS AND RATIONALES

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

Operative arthroscopy, partial lateral meniscectomy, possible microfracture versus OATS (Osteochondral autograft transplant system) to lateral femoral condyle, Left Knee, with surgical assistant: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Knee & Leg; Indications for Surgery - Meniscectomy/ Osteochondral autograft transplant system (OATS).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) knee chapter.

Decision rationale: The patient does not meet ODG criteria for OATS procedure at this time. The medical records do not show failed microfracture surgery or a full thickness cartilage defect in the knee. The patient does meet ODG criteria for knee arthroscopy and partial meniscectomy at this time. Also, surgical assistant is not medically needed for routine knee scope with medical tear surgery. Since OATS is not medically needed, then the entire surgical request cannot be approved at this time.

Knee CPM (continuous passive motion) rental, 21 days: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) knee chapter.

Decision rationale: ODG guidelines do not recommend cpm after knee arthroscopy. The records do not indicate that this patient cannot participate in PT. 21 days of postop cpm is excessive. Since OATS procedure is not needed, then cpm is not needed.