MAXIMUS Federal Services

Case Number:	CM14-0134257		
Date Assigned:	08/25/2014	Date of Injury:	02/19/2009
Decision Date:	10/08/2014	UR Denial Date:	07/25/2014
Priority:	Standard	Application Received:	08/19/2014

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 Occupational Medicine and is licensed to practice in Montana. 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 teacher's aide with a date of injury of 2/19/09 when she fell onto both knees. She has ongoing complaint of pain in both knees. She has had previous left and right arthroscopic procedures. Other treatments have included physical therapy, injections and medications. MRI of the right knee on 3/11/14 revealed an osteochondral defect with bone contusion and focal reactive bone edema of the medial femoral condyle. She is continuing to work in her time of injury position. The primary treating physician has requested right knee arthroscopy with repair of internal derangement and preoperative medical clearance with internal medicine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Medical Clearance with Internist, Right knee arthroscopy with repair of internal derangement: Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee and Lower Extremity, Chondroplasty Society of General internal medicine, preoperative assessment

Decision rationale: The ODG guidelines recommend chondroplasty as indicated below. Not recommended as a primary treatment for osteoarthritis, since arthroscopic surgery for knee osteoarthritis offers no added benefit to optimized physical therapy and medical treatment. ODG Indications for Surgery -- Chondroplasty:Criteria for chondroplasty (shaving or debridement of an articular surface), requiring ALL of the following:1. Conservative Care: Medication. OR Physical therapy. PLUS2. Subjective Clinical Findings: Joint pain. AND Swelling. PLUS3. Objective Clinical Findings: Effusion. OR Crepitus. OR Limited range of motion. PLUS4. Imaging Clinical Findings: Chondral defect on MRIThe MTUS does not address preoperative clearance. The Society of General Internal Medicine does note that preoperative assessment is expected before all surgical procedures. The utilization review dated 7/25/14 notes that the request for knee arthroscopy with repair of internal derangement is not supported by the MTUS and ODG guidelines. As such the utilization review additionally did not certify the preoperative clearance. In this case the medical records show that continued conservative care was provided following her previous right knee surgery on 2/15/13. This included medication, some additional physical therapy/home exercise program and multiple corticosteroid injections. The treatment note of 2/27/ 14 provides documenttion that the injured worker had ongoing complaints of joint pain and swelling. Objective findings have included crepitation and decreased range of motion. The right knee MRI on 3/11/14 revealed an osteochondral defect with bone contusion and focal reactive bone edema of the articular surface of the medial femoral condyle. Thorough review of the medical records provided shows that all criteria for the ODG indications for surgery, related to the MRI finding of chondral defect, are met. As always, appropriate preoperative medical clearance should be obtained. I am reversing the prior UR decision. The request for medical clearance with internist, right knee arthroscopy with repair of internal derangement is medically necessary.