

Case Number:	CM14-0144602		
Date Assigned:	09/18/2014	Date of Injury:	05/24/2001
Decision Date:	10/30/2014	UR Denial Date:	08/13/2014
Priority:	Standard	Application Received:	08/26/2014

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 Orthopedic Surgery and is licensed to practice in California. 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:

This claimant is a 60-year old female injured in a work-related injury on 05/24/01. Medical records provided for review specific to the claimant's right knee documented that the claimant underwent right knee arthroscopy, lateral retinacular release, tri-compartmental debridement and synovectomy on 06/11/13. Postoperative treatment following surgery included physical therapy, medication management and activity restrictions. The post-operative MRI report dated 10/02/2013 revealed evidence of prior meniscal change, significant degenerative process of the patellofemoral joint and thickening of the lateral extensor retinaculum. The progress report dated 07/21/14, revealed continued knee joint line tenderness, positive McMurray's testing and crepitation. Based on failed conservative care and the claimant's MRI findings, the treating physician recommended arthroscopy and meniscectomy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient Right Knee Arthroscopy, Possible Arthroscopic Medial & Lateral Meniscectomy: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): page 344-5.

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

Decision rationale: Based on the California ACOEM Guidelines, the request for outpatient right knee arthroscopy, partial lateral and medial meniscectomy is not recommended as medically necessary. The medical records document that the claimant significant degenerative changes and has already failed to improve with prior surgical care including prior arthroscopy procedure. Advanced degenerative changes of the patellofemoral joint were identified during arthroscopy and on MRI imaging with no clear indication of meniscal pathology seen. There is no documentation of recent plain film radiographs for review. ACOEM Guidelines recommend that meniscal surgery in the setting of advanced degenerative arthritis yields less than optimal outcome and result. Without clear indications of an acute injury and isolated medial and lateral compartment findings, the proposed surgery is not recommended. Therefore, Outpatient Right Knee Arthroscopy, Possible Arthroscopic Medial & Lateral Meniscectomy is not medically necessary.

VS: Repair, Debridement & Chondroplasty: 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 and Leg (Acute & Chronic) Procedure Summary: Criteria for chondroplasty, (shaving or debridement of an articular surface)

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.