

Case Number:	CM14-0180711		
Date Assigned:	11/05/2014	Date of Injury:	06/04/2012
Decision Date:	12/09/2014	UR Denial Date:	10/24/2014
Priority:	Standard	Application Received:	10/30/2014

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 Minnesota. 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 62 year old male with a history of left shoulder pain, left knee pain, and low back pain. The date of injury was 6/4/2012. He has an irreparable massive rotator cuff tear of the left shoulder. He complains of constant knee pain but there are no mechanical symptoms. An MRI scan of the left knee dated 11/18/2013 revealed a partial thickness tear of the posterior horn of the medial meniscus, 6-7 mm focus of grade 4 chondromalacia of the trochlea, a small knee effusion, a moderate strain of the medial gastrocnemius origin, and a tiny Baker's cyst. Knee exam is reported to reveal a positive McMurray sign. The disputed issue pertains to a request for left knee arthroscopy with partial medial meniscectomy, chondroplasty, and microfracture. No documentation of conservative treatment, physical therapy, or corticosteroid injections is submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left knee arthroscopy, chondroplasty, microfracture, and meniscectomy: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 344-345; 347.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343-345.

Decision rationale: The worker has degenerative changes in the knee with grade 4 chondromalacia of the trochlea representing patellofemoral syndrome which will not benefit from surgery. The medial meniscal tear is partial thickness and is not causing mechanical symptoms such as locking or giving way or knee effusions. There is no documentation of physical therapy or corticosteroid injections. The guidelines indicate arthroscopic partial meniscectomy if there is a clear evidence of a meniscal tear causing mechanical symptoms which correlates with the MRI findings. Such is not the case here. Chondroplasty or microfracture is not indicated in the presence of osteoarthritis. In light of the above the request for surgery is not supported by the guidelines and is not medically necessary.