

Case Number:	CM14-0210605		
Date Assigned:	12/23/2014	Date of Injury:	11/01/2013
Decision Date:	02/20/2015	UR Denial Date:	11/13/2014
Priority:	Standard	Application Received:	12/15/2014

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. 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: California

Certification(s)/Specialty: Orthopedic Surgery, Sports Medicine

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 52-year-old male who reported an injury on 11/01/2013. The mechanism of injury was twisting. He was diagnosed with chondromalacia of patella/tear of medial cartilage or meniscus of the knee. His past treatments were noted to include physical therapy and medications. His diagnostic studies included an unofficial MRI which was noted to reveal radial tear of posterior medial meniscus with slight subluxation medially as well as articular cartilage loss in the medial femoral condyle. There was extensive synovitis and fluid inside the knee and some scarring of the ACL possibly representing an old tear or degenerative changes. No surgical history was provided. On 10/16/2014, the injured worker reported bilateral knee pain. He rated his pain for the right knee a 7/10 to 8/10. On physical examination of the right knee, it was noted the injured worker had 1+ effusion, 120 degrees of flexion, full range of motion and extension, positive for crepitus, positive for instability and a positive McMurray's test. Additionally, quadriceps and hamstring strength were noted to be 4/5. His current medications were not provided. The treatment plan was noted to include surgery and a followup visit. A request was submitted for decision for outpatient surgery: right knee arthroscopy, medial menisectomy and chondroplasty; however, the rationale for the request was not provided. A Request for Authorization was submitted on 10/16/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient surgery: right knee arthroscopy, medial meniscectomy and chondroplasty:
Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee chapter, Meniscectomy, Chondroplasty and Indications for surgery

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

Decision rationale: The request for decision for outpatient surgery: right knee arthroscopy, medial meniscectomy and chondroplasty is not medically necessary. The California MTUS Guidelines state arthroscopic partial meniscectomy usually has a high success rate for cases in which there is clear evidence of meniscus tear. More specifically, the Official Disability Guidelines do not recommend for osteoarthritis in the absence of meniscal findings or in older patients with degenerative tears until after a trial of PT/exercise. The guidelines criteria include conservative care, subjective clinical findings such as joint pain or swelling, objective clinical findings such as positive McMurray's or joint line tenderness or effusion and imaging clinical findings. The clinical documentation submitted for review does indicate that the injured worker has tried and failed conservative care and subjective clinical findings of joint pain and swelling. Additionally, it was noted the injured worker had positive McMurray's sign and joint line tenderness. However, the official imaging study was not provided. Given the above information, the request is not supported by the guidelines. In regards to the chondroplasty, the Official Disability Guidelines do not recommend as a primary treatment for osteoarthritis and state criteria should include conservative care, subjective clinical findings such as joint pain and swelling, objective clinical findings of a fusion or crepitus and imaging clinical findings. The clinical documentation does indicate the injured worker has tried and failed conservative care and did provide evidence of effusion and crepitus on physical exam. However, the official imaging study was not provided. Given the above information, the request is not supported by the guidelines. As such, the request for decision for outpatient surgery: right knee arthroscopy, medial meniscectomy and chondroplasty is not medically necessary.

Associated surgical service: Assistant surgeon: 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)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low back, Surgical assistant

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

