

Case Number:	CM14-0058331		
Date Assigned:	07/09/2014	Date of Injury:	01/25/2013
Decision Date:	07/10/2015	UR Denial Date:	04/10/2014
Priority:	Standard	Application Received:	04/29/2014

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: Minnesota, Florida
 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 46-year-old female with an industrial injury dated 01/25/2013. Her diagnoses included medial meniscal tear and left knee and patellofemoral chondromalacia. Prior treatment included diagnostics and surgery for tarsal tunnel syndrome. Physical exam of the knee revealed normal muscle strength. There was pain over the medial aspect of the knee. MRI (08/16/2013) scan showed medial meniscal tear of left knee. The provider documented the injured worker would like to proceed with surgery. Treatment plan included a request for left knee arthroscopy with partial medial meniscectomy and chondroplasty. In the meantime, the injured worker was to continue with exercises for stretching and strengthening of the knee. Other treatment included durable medical equipment, pre-operative clearance and physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left Knee Arthroscopy with Partial Meniscectomy and Chondroplasty: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343-4.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343, 344, 345. Decision based on Non-MTUS Citation ODG: Section: Knee, Topic: Chondroplasty.

Decision rationale: The most recent examination is dated March 10, 2014. The injured worker was complaining of left knee pain but denied locking. She noted giving way but she did not fall. She denied any swelling of her knee. The pain was on the medial aspect. On examination, there was no swelling, atrophy, or deformity noted. Range of motion of the right and left knees was from 0-135. Muscle strength was 5/5. There was medial joint line tenderness of the right knee. No effusion was noted. There was no crepitus present. There was no instability. McMurray was 2+. There was no pain with patellar compression. Patellar apprehension was negative. Hip range of motion was normal. The MRI scan of the left knee from August 16, 2013 was reviewed. This showed a horizontal cleavage tear in the medial meniscus with a displaced central flap. There was grade 2 signal in the lateral meniscus without a definite tear. There was minimal chondromalacia. The provider explained that even with surgery there may be continued symptoms in her knee due to the finding of arthritis. The plan was to proceed with arthroscopy with partial medial meniscectomy and chondroplasty. California MTUS guidelines indicate surgical considerations for activity limitation for more than one month and failure of exercise programs to increase range of motion and strength of the musculature around the knee. Arthroscopic partial meniscectomy usually has a high success rate for cases in which there is clear evidence of a meniscus tear such as symptoms other than simply pain including locking, popping, giving way, recurrent effusion. In this case, there is a sensation of giving way but she has not actually fallen. She denies any locking, swelling, or popping. There is evidence of chondromalacia on imaging studies and the tear in the medial meniscus is a horizontal cleavage type. These tears are commonly seen as a degenerative change in the joint and are usually asymptomatic. The guidelines indicate that arthroscopy and meniscus surgery may not be equally beneficial for those patients who are exhibiting signs of degenerative changes. With respect to the request for chondroplasty, there is no chondral defect identified. Although arthroscopic patellar shaving has been performed frequently for patellofemoral syndrome, long-term improvement has not been approved and its efficacy is questionable. As such, the request for chondroplasty is not supported. Furthermore, ODG guidelines do not recommend chondroplasty for chondromalacia. The documentation submitted does not include evidence of physical therapy or an exercise program as recommended by guidelines. As such, the request for arthroscopy with partial medial meniscectomy and chondroplasty is not supported and the medical necessity of the request has not been substantiated.

Pre-Operative Clearance: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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.

Post-Operative Physical Therapy (12-sessions): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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.

Pair of Crutches: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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.

Ted Hose: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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.