

Case Number:	CM15-0162739		
Date Assigned:	09/02/2015	Date of Injury:	09/01/1998
Decision Date:	11/20/2015	UR Denial Date:	08/07/2015
Priority:	Standard	Application Received:	08/19/2015

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

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 50 year old female who sustained an industrial injury on 9-1-1998. A review of medical records indicates the injured worker is being treated for right knee chondromalacia, right knee meniscus pathology, lumbar strain, and muscle spasm. Medical records dated 7-13-2015 noted right knee pain and low back pain. Supartz injections gave her 40-50% relief. At her previous visit she rated her pain a 9-10 out 10 and at this visit she rated her pain a 4 out 10. Physical examination of the right knee noted range of motion was from 0-130 degrees with pain at maximal flexion. Crepitus was noted on palpation through range of motion. She was tender to the medical joint line and popliteal fossa. She was minimally tender to palpation at the lateral joint line. There was tenderness to the left side of the paravertebral musculature more so distally. There was tenderness to palpation of the left greater sciatic notch. Range of motion was reduced to the lumbar spine. Treatment has included 3 physical therapy visits, injections, and medications. MRI of the right lower extremity dated 5-8-2014 revealed diminutive medial meniscal posterior horn and body, query prior debridement given history of knee surgery, no evidence of current tear or re-tear, at least patellofemoral chondral thinning with possible high grade cartilage defect at the median ridge, subchondral marrow signal preserved, and trace joint effusion. Utilization review form dated 8-7-2015 noncertified microfracture with possible BioCartilage implantation, assisted surgeon, right knee arthroscopy with partial meniscectomy chondroplasty, and postoperative physical therapy 12 visit right knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right knee arthroscopy, with partial meniscectomy 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, Chronroplasty - Indications for Surgery-Chondroplasty.

MAXIMUS guideline: Decision based on MTUS Knee Complaints 2004, Section(s): Surgical Considerations. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg, Meniscectomy.

Decision rationale: CAMTUS/ACOEM Chapter 13 Knee Complaints, pages 344-345, states regarding meniscus tears, "Arthroscopic partial meniscectomy usually has a high success rate for cases in which there is clear evidence of a meniscus tear-symptoms other than simply pain (locking, popping, giving way, recurrent effusion)." According to ODG Knee and Leg section, Meniscectomy section, states indications for arthroscopy and meniscectomy include attempt at physical therapy and subjective clinical findings, which correlate with objective examination and MRI. In this case the exam notes from 7/13/15 do not demonstrate evidence of adequate course of physical therapy or other conservative measures. In addition there is lack of evidence in the cited records of meniscal symptoms such as locking, popping, giving way or recurrent effusion. Therefore the determination is for not medically necessary.

Microfracture with possible biocartilage implantation: Upheld

Claims Administrator guideline: Decision based on MTUS Knee Complaints 2004.

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 Leg, Chondroplasty.

Decision rationale: CAMTUS/ACOEM Chapter 13 Knee Complaints, pages 344-345, states regarding meniscus tears, "Arthroscopic partial meniscectomy usually has a high success rate for cases in which there is clear evidence of a meniscus tear-symptoms other than simply pain (locking, popping, giving way, recurrent effusion)." According to ODG Knee and Leg section, Meniscectomy section, states indications for arthroscopy and meniscectomy include attempt at physical therapy and subjective clinical findings, which correlate with objective examination and MRI. In this case the exam notes from 7/13/15 do not demonstrate evidence of adequate course of physical therapy or other conservative measures to support micro fracture. Therefore the determination is for 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 American College of Surgeons and other surgical organizations, Physicians as Assistants at Surgery, 2011 Assistant at Surgery Consensus.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS.
Decision based on Non-MTUS Citation <http://www.aaos.org/about/papers/position/1120.asp>.

Decision rationale: As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.

Post-op physical therapy 12 visits right knee: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment 2009, Section(s):
Knee.

Decision rationale: As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.