MAXIMUS Federal Services

Case Number:	CM13-0021943		
Date Assigned:	11/13/2013	Date of Injury:	04/06/2009
Decision Date:	01/29/2014	UR Denial Date:	08/19/2013
Priority:	Standard	Application Received:	09/09/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician 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 physician 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 is a 46-year-old male who reportedly suffered a vocationally related injury to his knees on April 6, 2009. According to records, he continues to complain of bilateral knee pain. The records reflect that he underwent right knee arthroscopic surgery in October of 2009. More recently he has been treated with viscosupplementation suggesting that the underlying diagnosis is degenerative change. He also has continued to have persistent symptoms of his left knee. Reportedly an MRI scan of the left knee reveals evidence of a meniscal tear. Included in the records are a variety of medical reports including records which would suggest that this gentleman suffers from CPPD of his right knee (calcium pyrophosphate disease).

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral knee arthroscopy with meniscectomy and loose body removal: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM guidelines with regard to meniscal tears and the ODG guidelines, knee chapter, arthroscopy.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 344-345. Decision based on Non-MTUS Citation Official disability Guidelines, Knee Chapter, Indications for Surgery

Decision rationale: The ACOEM/MTUS Guidelines reflect that surgery for meniscal tears that have failed conservative care results in predictable relief of patient's symptoms. They go on, however, to state that in the face of degenerative change, the results are less predictable. The Official Disability Guidelines would also offer similar commentary in that regard. As it pertains to the right knee, the records reflect that this gentleman has already undergone arthroscopic surgery which suggests that the MRI scan which reported meniscal pathology may or may not reflect postsurgical change. What is most notable, and what is not discussed in the reports, is the degree of degenerative change identified at surgery and/or the absolute indication for repeat arthroscopic surgery. One would assume that this patient has a significant component of underlying degenerative change for which repeat arthroscopic surgery would not be indicated. As such, I would uphold the adverse determination in this particular case as there is insufficient information to make a compelling case that this patient has an operative lesion, i.e. meniscal tear that would benefit from arthroscopic surgery as opposed to degenerative change including crystalline arthropathy that is more likely to not benefit from arthroscopic intervention. As it pertains to the left knee, I would offer the following comment. The QME provider has recommended left knee arthroscopy. As such, if one were basing the decision purely on the QME report, then one would conclude that the proposed arthroscopic surgery of the left knee would be reasonable based on the reported MRI revealing a meniscal tear and the patient's ongoing symptoms in spite of conservative care. With that said, the evidence based literature including both ACOEM and Official Disability Guidelines point out that under the circumstances that arthroscopic surgery for meniscal pathology in the face of degenerative change is not predictable and can often reveal disappointing results. In the primary treating physicians report from June of 2013, the PME suggests that the QME specifically identified medial compartment osteoarthritis in this patient's left knee. With the knowledge that this patient already carries the diagnosis of CPPD (calcium pyrophosphate disease), one would submit that further investigation of the degree of degenerative change would be necessary to determine whether or not arthroscopic surgery would be likely to offer this patient any benefit. That investigation would include identification of the findings on plain radiographs and a more careful review of the MRI as well as the knowledge of conservative care that has been undertaken to date. As such, based on the information provided, I cannot recommend the proposed treatment as being reasonable or medically necessary.