

<b>Case Number:</b>	CM13-0028258		
<b>Date Assigned:</b>	11/22/2013	<b>Date of Injury:</b>	10/17/2001
<b>Decision Date:</b>	07/21/2014	<b>UR Denial Date:</b>	08/26/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/23/2013

### 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 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 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:

This 65-year-old female lead supervisor/nutritional assistant sustained an industrial injury on 10/17/01, due to repetitive job duties. Surgical history was positive for trigger finger release, bilateral carpal tunnel release and tenosynovectomy, left hip fracture and surgery 11/2/09, and left knee arthroscopic surgeries in 2006, 2009 and 2010. Lumbar decompression at L3/4 and L4/5 was performed 4/23/08 with additional decompression and fusion at the same levels on 9/14/12. Past medical history was positive for diabetes, diffuse osteoarthritis, hypertension, and rheumatoid arthritis. The 7/30/13 right knee MRI documented acute and chronic collateral ligament sprains with some calcifications, complex lateral and medial meniscus tears, chondral fibrillation of the lateral compartment articular cartilage, full thickness defect of the medial weight bearing femoral condyle and tibial plateau cartilage, suprapatellar joint effusion, possible loose bodies posterior to the posterior cruciate ligament, partial tear of the popliteus tendon, and popliteus muscle edema consistent with diffused subacute strain. Records documented progressive significant right knee pain, swelling, stiffness, and weakness with functional limitations. The 8/26/13 utilization review denied the request for right knee arthroscopic surgery as there was no documentation of failure of comprehensive conservative treatment and clinical findings failed to meet guideline criteria. The 9/23/13 treating physician progress report indicated that right knee surgery had been long-delayed due to other injuries. The MRI showed the patient had torn menisci, loose bodies, progressive articular damage, and ligamentous injuries. Physical exam documented range of motion -15 to 90 degrees, chronic effusion, 3+ crepitation, markedly positive McMurray's, medial and lateral joint line tenderness, and 3+ to 4-/5 lower extremity strength. Conservative treatment had included anti-inflammatory medications, icing, supportive shoes, assistive walking devices, and physical therapy.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**1 RIGHT KNEE ARTHROSCOPY WITH CHONDROPLASTICS/ MENISECTOMIES, SUBTOTAL SYNOVECTOMY, REMOVAL OF LOOSE BODIES, REMOVAL OF ADHESIONS/SCAR TISSUES AND POSSIBLE DEBRIDEMENT:** Overturned

**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) Knee and Leg, Chondroplasty, Meniscectomy, Loose body removal surgery.

**Decision rationale:** The California MTUS does not provide recommendations for surgery in chronic knee conditions. The Official Disability Guidelines criteria for chondroplasty include evidence of conservative care (medication or physical therapy), plus joint pain and swelling, plus effusion or crepitus or limited range of motion, plus a chondral defect on MRI. Criteria for meniscectomy or meniscus repair require subjective and objective clinical exam findings that correspond to meniscal tear on imaging. Guideline criteria have been met. Subjective and objective clinical exam findings have been documented consistent with imaging findings of chondral defects and menisci tears. There is documentation that reasonable conservative non-operative treatment has been tried and failed. Therefore, this request for right knee arthroscopy with chondroplasties/ meniscectomies, subtotal synovectomy, removal of loose bodies, removal of adhesions/scar tissues and possible debridement is medically necessary.