

Case Number:	CM13-0033704		
Date Assigned:	01/15/2014	Date of Injury:	06/21/2012
Decision Date:	04/07/2014	UR Denial Date:	10/01/2013
Priority:	Standard	Application Received:	10/10/2013

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 Orthopaedic 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 46-year-old male sustained a direct trauma injury on 6/12/12 when a 2x4 struck his left knee. The 10/9/12 left knee MRI documented severe tricompartmental osteoarthritis, Grade IV chondromalacia patella, lateral tracking patella associated with a shallow femoral trochlea, 9 mm ossific body just medial to the patella, intact ACL, PCL, and collateral ligaments, and subchondral cyst. Prior surgical repair of the popliteal artery for trauma was evidenced by surgical clips. Findings in the lateral compartment were consistent with a horizontal cleavage tear involving the anterior horn and mid-body meniscus. Records document physical therapy for 8 to 10 sessions in 2012 with conflicting reports by the treating physician of whether or not this was beneficial. The 6/20/13 treating physician report documented intermittent moderate left knee pain that is not changing. Patient complaint included feeling of instability, locking, swelling, weakness, and decreased mobility. Physical exam findings included mild effusion, tenderness over the lateral joint line and retinacula, mild crepitus, no joint laxity, and positive lateral McMurray's sign. Range of motion was 0-130 degrees with normal strength. A Synvisc injection was provided with minimal benefit. Treatment included NSAIDs and activity modification. The 9/17/13 report is essentially unchanged from the 6/20/13 exam. The patient continued to report clicking, popping and recurrent left knee swelling. Exam findings documented moderate left knee effusion, lateral joint line and retinacular tend, no knee joint instability, positive lateral McMurray's, no atrophy, and range of motion 0-130 degrees. A request for left knee arthroscopy for loose body removal, chondroplasty, and partial lateral meniscectomy is under consideration.

IMR ISSUES, DECISIONS AND RATIONALES

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

LEFT KNEE ARTHROSCOPY FOR LOOSE BODY REMOVAL, CHONDROPLASTY AND PARTIAL LATERAL MENISCECTOMY: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 344-345.

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; Loose body removal surgery; Meniscectomy

Decision rationale: The request under consideration is for left knee arthroscopy for loose body removal, chondroplasty, and partial lateral meniscectomy. The California MTUS do not provide recommendations for arthroscopic surgery in chronic knee conditions. The Official Disability Guidelines state that in cases of knee osteoarthritis where mechanical symptoms are consistent with a loose body, meniscal tear or chondral flap tear, arthroscopy is indicated after failure of non-operative treatment. Guidelines indicate meniscectomy has suboptimal results in the setting of advanced degenerative change and should not be used routinely. However, despite the significant degenerative changes, there is a persistently painful knee with significant mechanical symptoms and positive exam abnormalities. There is evidence that comprehensive conservative non-operative treatments have been tried and failed. Guideline criteria have been met. Therefore, this request for left knee arthroscopy for loose body removal, chondroplasty, and partial lateral meniscectomy is medically necessary.