

Case Number:	CM13-0061500		
Date Assigned:	12/30/2013	Date of Injury:	09/11/2013
Decision Date:	03/26/2014	UR Denial Date:	11/06/2013
Priority:	Standard	Application Received:	12/05/2013

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:

60 years old. Date of injury 9/11/13. Undated MRI of right knee documents medial and lateral meniscal tears. Degenerative changes were noted. Exam notes from 10/28/13 shows chief complaint of right knee pain; exam revealed effusion, patellar crepitus, medial aspect was tender to touch. McMurray test noted to be positive. Active motion was normal. No instability or laxity noted, anterior drawer sign was negative, limping was noted on the right. Diagnosis of internal derangement of the knee, lateral meniscus. Provider is requesting outpatient arthroscopy, partial meniscectomy for right knee and post-op PT 2-x week for 4 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Decision for outpatient arthroscopy, partial meniscectomy of the right knee: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation California MTUS 2009:9792.23.6: Knee Complaints; American College of Occupational and Environmental Medicine: 2nd Editions, (2008), pages 1021-1022; Official Disability Guidelines: Knee and Leg (updated June 7, 2013), Meniscectomy and Indications for Surgery: Men

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

Decision rationale: The Physician Reviewer's 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); clear signs of a buckethandle tear on examination (tenderness over the suspected tear but not over the entire joint line, and perhaps lack of full passive flexion); and consistent findings on MRI. However, patients suspected of having meniscal tears, but without progressive or severe activity limitation, can be encouraged to live with symptoms to retain the protective effect of the meniscus. If symptoms are lessening, conservative methods can maximize healing. In patients younger than 35, arthroscopic meniscal repair can preserve meniscal function, although the recovery time is longer compared to partial meniscectomy. Arthroscopy and meniscus surgery may not be equally beneficial for those patients who are exhibiting signs of degenerative changes." ODG Indications for Surgery -- Diagnostic arthroscopy: Criteria for diagnostic arthroscopy: 1. Conservative Care: Medications. OR Physical therapy. PLUS 2. Subjective Clinical Findings: Pain and functional limitations continue despite conservative care. PLUS 3. Imaging Clinical Findings: Imaging is inconclusive. Regarding meniscectomy, the Official Disability Guidelines states that the ODG Indications for Surgery -- Meniscectomy: Criteria for meniscectomy or meniscus repair (Suggest 2 symptoms and 2 signs to avoid scopes with lower yield, e.g. pain without other symptoms, posterior joint line tenderness that could just signify arthritis, MRI with degenerative tear that is often false positive). Physiologically younger and more active patients with traumatic injuries and mechanical symptoms (locking, blocking, catching, etc.) should undergo arthroscopy without PT. 1. Conservative Care: (Not required for locked/blocked knee.) Exercise/Physical therapy (supervised PT and/or home rehab exercises, if compliance is adequate). AND (Medication. OR Activity modification [eg, crutches and/or immobilizer].) PLUS 2. Subjective Clinical Findings (at least two): Joint pain. OR Swelling. OR Feeling of give way. OR Locking, clicking, or popping. PLUS 3. Objective Clinical Findings (at least two): Positive McMurray's sign. OR Joint line tenderness. OR Effusion. OR Limited range of motion. OR Locking, clicking, or popping. OR Crepitus. PLUS 4. Imaging Clinical Findings: (Not required for locked/blocked knee.) Meniscal tear on MRI (order MRI only after above criteria are met). Based upon the records reviewed there is insufficient evidence to support knee arthroscopy. There is no evidence of recent attempts at nonsurgical management as documented in the records. Therefore the determination is for non-certification as not medically necessary.