

Case Number:	CM14-0108926		
Date Assigned:	09/16/2014	Date of Injury:	06/16/2005
Decision Date:	10/15/2014	UR Denial Date:	07/02/2014
Priority:	Standard	Application Received:	07/14/2014

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 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 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 60-year-old female shipping department employee sustained an industrial injury on 6/16/05 when boxes fell on top of her. Past surgical history was positive for C3-C7 fusion. The diagnosis included L4/5 disc with radiculopathy. Past medical history was positive for obesity. There were significant psychological comorbidities including severe depression and anxiety, auditory hallucinations, chronic suicidal thoughts and attempts, and prescription medication abuse. The patient underwent right knee arthroscopy with partial medial and lateral meniscectomies, and chondroplasty at the undersurface of the patella, medial femoral condyle, and tibial plateau on 4/25/13. She was not provided post-op therapy. She received injections of lidocaine, Marcaine and Kenalog with temporary pain relief. Requests for viscosupplementation were denied. The 3/28/14 right knee MRI impression noted the appearance of a residual or recurrent bucket handle tear at the mid-body of the medial meniscus. There was moderate increased signal intensity within the central substance of the posterior horn of the medial meniscus without clear evidence of meniscal tear. Findings were suspicious for meniscal tear extending to the inferior free surface of the anterior horn of the lateral meniscus. The 6/10/14 pain medicine consult report recommended outpatient or inpatient detoxification. The patient was not a candidate for a comprehensive pain program as she would not be able to fully participate in all aspects of care due to her persuasive deconditioning and severe depression. It was recommended that one primary provider be established and urged hesitancy in pursuing additional surgical intervention. The 6/13/14 treating physician report cited complaints of right knee pain and depression. The patient had completed a detox program evaluation and report was pending. Right knee exam documented noticeable swelling, most pronounced at the prepatellar region. She had pain with palpation at the prepatellar region, medial joint line, and with patellofemoral compression. There was 1+ knee effusion. Range of motion was 0-135 degrees with pain. There was a positive

bounce home test, positive McMurray's, and negative anterior/posterior drawer tests. There was no excessive varus or valgus instability. The diagnosis was right knee arthritis and right knee recurrent medial meniscus tear. A right knee arthroscopy with medial meniscectomy versus repair of the bucket handle tear was requested. The 7/2/14 utilization review denied the request for right knee surgery based on an absence of evidence of recent conservative treatment and lack of guideline support for meniscectomy in patients exhibiting signs of degenerative changes.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Knee Arthroscopy with Medical Meniscus Repair vs Meniscectomy: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343-345.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343-345, 347.

Decision rationale: The California MTUS guidelines state that arthroscopic partial meniscectomy may be highly successful in cases with clear evidence of a meniscus tear, symptoms other than pain, clear signs of a bucket handle tear on exam, and consistent findings on MRI. However, arthroscopy and meniscus surgery may not be equally beneficial for those patients who are exhibiting signs of degenerative changes. The Official Disability Guidelines provide specific criteria for meniscectomy or meniscus repair that include conservative care (exercise/physical therapy and medication or activity modification) plus at least two subjective clinical findings (joint pain, swelling, feeling or giving way, or locking, clicking or popping), plus at least two objective clinical findings (positive McMurray's, joint line tenderness, effusion, limited range of motion, crepitus, or locking, clicking, or popping), plus evidence of a meniscal tear on MRI. Guideline criteria have not been met. There is no evidence of guideline-recommended conservative treatment in terms of home exercise or physical therapy. The patient carries a diagnosis of right knee arthritis. There is significant functional limitation documented but not directly associated with the right knee. Psychosocial and/or medical comorbidities are significantly contributory to activity levels. Therefore, this request is not medically necessary.