

Case Number:	CM14-0015887		
Date Assigned:	06/04/2014	Date of Injury:	09/05/2009
Decision Date:	07/29/2014	UR Denial Date:	02/05/2014
Priority:	Standard	Application Received:	02/07/2014

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 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 56-year-old female sustained an industrial injury 9/5/09. The mechanism of injury was not documented. The patient was status post three right knee arthroscopic surgeries, most recently partial meniscectomy, chondroplasty, and microfracture of the lateral femoral condyle on 11/11/09. The 10/5/11 right knee MRI documented no evidence of a new or re-tear of the medial meniscus. The lateral meniscus was intact. There was medial and lateral compartment osteoarthritis with new full thickness fissure of the posterior articulating surface of the lateral femoral condyle. There was persistent marked cartilage loss of the lateral tibial plateau and marked thinning of the medial femoral condyle cartilage. The 1/9/14 treating physician report indicated that platelet-rich plasma (PRP) injections had not helped. She was hardly getting around and had a cane at home. Physical exam documented range of motion 0-120 with tenderness over the medial joint line. Right knee x-rays revealed moderately severe degenerative changes in the medial compartment. Collateral and cruciate ligaments were intact. Anterior and posterior drawer signs are negative. The impression was right knee osteoarthritis with probable severe degenerative changes in the medial compartment. The patient would like to see if an arthroscopic evaluation of her knee will make a difference before undergoing a knee replacement. The treatment plan included arthroscopic evaluation of the knee, chondroplasty, meniscectomy, possible resurfacing, and physical therapy. The 2/5/14 utilization review denied the request for right knee surgery as the patient had significant osteoarthritis and guidelines would not support the meniscectomy in that case. The peer-to-peer conversation indicated that the patient had moderate degeneration in the knee with a confirmed meniscus tear. The patient was going to need a total knee arthroplasty but was hesitant and desired another arthroscopic procedure first.

IMR ISSUES, DECISIONS AND RATIONALES

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

ARTHROSCOPY WITH MENISCECTOMY AND SYNOVECTOMY (RIGHT KNEE): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg, Meniscectomy.

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, Meniscectomy.

Decision rationale: The Official Disability Guidelines state that arthroscopic debridement of meniscus tears and knees with low grade osteoarthritis may have some utility, but it should not be used as a routine treatment for all patients with knee osteoarthritis. Criteria for meniscectomy or meniscus repair 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 imaging evidence of a meniscal tear. Current and recent exam findings do not document subjective or objective clinical exam findings consistent with guideline indications for meniscectomy. In addition, comprehensive and reasonable nonoperative treatments had not been fully documented to have been tried and failed. Therefore, this request for arthroscopy with meniscectomy and synovectomy (right knee) is not medically necessary.

POST-OP PHYSICAL THERAPY (RIGHT KNEE): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation n/a.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 24.

Decision rationale: As the request for right knee arthroscopy with meniscectomy and synovectomy is not medically necessary, the associated request for right knee post-op physical therapy is also not medically necessary.