MAXIMUS Federal Services

Case Number:	CM14-0016786		
Date Assigned:	03/05/2014	Date of Injury:	10/06/2011
Decision Date:	05/28/2014	UR Denial Date:	01/31/2014
Priority:	Standard	Application Received:	02/10/2014

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 Pennsylvania. 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 is a 54-year-old gentleman was injured in a work-related accident on 10/6/11. Specific to the claimant's left knee, there is documentation that he was status post a left total knee arthroplasty on 10/16/12. Post-operative clinical records for review indicate continued complaints of pain. A 9/4/13 follow up report states that he is with continued complaints of pain over the medial aspect of the knee despite conservative care including a post-operative corticosteroid injection. He states that he has only improved slightly with range of motion from 0-70Â° with medial swelling but no signs of infection. It indicates at that time, given the claimant's ongoing complaints of pain, a knee arthroscopy was recommended for further definitive care. At present, there is a request for "left knee scope meniscectomy/synovectomy."

IMR ISSUES, DECISIONS AND RATIONALES

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

LEFT KNEE SCOPE MENISCECTOMY & SYNOVECTOMY: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 344-345. Decision based on Non-MTUS Citation (ODG) Official Disability Guidelines, Knee & Leg Chapter

Decision rationale: CA MTUS states, "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 bucket handle 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. When looking at Official Disability Guidelines criteria, the role of essentially a diagnostic arthroscopy in this case would not be indicated. The claimant is with no current internal finding on imaging that would support the acute need of an arthroscopic process. Clearly, with diagnosis of status post total knee arthroplasty, there is no indication for meniscectomy procedure. While the claimant continues to struggle with both range of motion and pain in the post-operative setting, the acute need of a knee arthroscopy at this stage in the clinical course is not supported.