

Case Number:	CM14-0019443		
Date Assigned:	04/23/2014	Date of Injury:	12/23/2010
Decision Date:	07/04/2014	UR Denial Date:	02/11/2014
Priority:	Standard	Application Received:	02/15/2014

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 38-year old male meat cutter sustained a left knee injury on 12/23/10 when he slipped, shifting all his weight onto the left knee. He underwent left knee arthroscopy in 2010 with no improvement in pain. The 10/21/13 left knee x-rays documented degenerative joint space narrowing, moderate in the medial knee joints, and mild in the patellofemoral knee joints. The 11/8/13 left knee MRI documented medial meniscus tear extending to the posterior horn and middle third of the midbody and discoid lateral meniscus. There was moderate medial tibiofemoral degenerative arthritis with greater than 50% cartilage eburnation over the weight bearing aspect of the medial femoral condyle. There was mild lateral tibiofemoral degenerative arthritis with a 7 mm area of chondromalacia grade 3 over the weight bearing aspect of the lateral femoral condyle. There was grade 3-4 chondromalacia patella and intact ligaments and tendons. The 10/21/13 primary treating physician report cited an onset of increased pain two weeks prior, when he kneeled on the left knee and heard a loud cracking noise, followed by increased pain. He reported difficulty bearing weight and was unable to work. Conservative treatment (medications and physical therapy) was initiated. The 1/30/14 orthopedic report documented a several year history of left knee pain with increased generalized pain. Images from his prior arthroscopy showed chondral fissuring, thinning of the medial femoral condyle, and radial tear of the posterior horn of the medial meniscus. Exam findings documented body mass index of 46.59, normal knee alignment, trace effusion, nontender joint line, stable ligament exam, painless range of motion hips, and distal neurovascular exam intact. The primary treating physician exam of 1/30/14 documented active range of motion 0-115 with crepitus and pain with valgus/varus and McMurray. The diagnosis was derangement of medial meniscus, tear left medial collateral ligament, and degenerative knee arthritis. The patient wished to proceed with arthroscopic treatment given the persistent pain and giving way. The orthopedist advised the

patient that there may be no treatable lesion in his knee and he may not improve with surgery. Records indicate that the patient has been treated with home ice/heat, elevation, work restriction, home exercise, acupuncture, physical therapy, and anti-inflammatories since 10/21/13 with no change in symptoms. The patient had been off work since 10/21/13 as his employer was unable to accommodate light duty.

IMR ISSUES, DECISIONS AND RATIONALES

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

LEFT KNEE ARTHROSCOPY: Overturned

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 Chapter, Arthroscopic Surgery for Osteoarthritis.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (Odg) Knee, Arthroscopic Surgery For Arthritis, Meniscectomy.

Decision rationale: Under consideration is a request for left knee arthroscopy. The California MTUS guidelines do not provide recommendations for knee arthroscopy in chronic conditions. The Official Disability Guidelines do not recommend arthroscopic surgery for osteoarthritis, as such surgery provides no additional benefit compared to optimized physical and medical therapy. 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 of 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. Guidelines criteria have been met. The patient has failed comprehensive conservative treatment since October for his left knee pain and giving way. Significant functional limitation is reported precluding the patient's return to work. The patient has joint pain and feeling of giving way, positive Murray's, crepitus with limited range of motion, and slight effusion. MRI findings evidenced a medial meniscus tear, medial femoral condyle loss, grade 3 to 4 chondromalacia patella, and patellofemoral degenerative joint disease. Therefore, this request for left knee arthroscopy is medically necessary.