

Case Number:	CM14-0146390		
Date Assigned:	09/12/2014	Date of Injury:	06/27/2011
Decision Date:	12/04/2014	UR Denial Date:	08/22/2014
Priority:	Standard	Application Received:	09/09/2014

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 Texas. 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:

The injured worker is a 63-year-old female who reported an injury on 06/27/2011. The mechanism of injury was the injured worker stepped into a pothole covered in gravel with his right foot. The diagnoses included right knee patellofemoral chondromalacia, right knee lateral meniscus tear. The previous treatments included medication. Diagnostic testing included a right knee MRI, dated 07/28/2014; a right knee x-ray, dated 06/27/2014. Within the clinical note, dated 07/29/2014, it was reported the injured worker complained of right knee pain. Upon the physical examination, the provider noted the injured worker had a patellofemoral tilt, patellofemoral crepitus, and lateral joint line tenderness. The provider indicated the injured worker had no instability of her knee. The MRI of the right knee revealed a severe patellofemoral tilt, edema of the lateral aspect of the patella and trochlea consistent with arthritis. There was a degenerative lateral meniscus tear and chondromalacia of the lateral compartment. There was mild medial disease of the chondral surface. The provider recommended right knee arthroscopy with partial lateral meniscectomy and chondroplasty; however, a rationale was not submitted for clinical review. The Request for Authorization was not submitted for clinical review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right knee arthroscopy with lateral meniscectomy and patella lateral release and chondroplasty: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee & Leg

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343-345. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & leg, Chondroplasty

Decision rationale: The request for Right knee arthroscopy with lateral meniscectomy and patella lateral release and chondroplasty is not medically necessary. The California MTUS/ACOEM Guidelines state surgical consultation may be indicated for injured workers who have activity limitations for more than 1 month, failure of an exercise program to increase range of motion and strength. The guidelines note arthroscopic partial meniscectomy has high success rates for cases in which there is clear evidence of meniscal tear, including locking, popping, giving way, recurrent effusion, clear signs of bucket handle tear on examination, tenderness over the tear of the but not over the entire joint line and perhaps of full passive flexion, consistent findings on a MRI. Injured workers suspected of having meniscal tears without progressive or severe activity limitations are encouraged to live with the symptoms to retain the protective effect of the meniscus. The guidelines also note, for patellofemoral syndrome, arthroscopic patella shaving has been performed for PFS, long term improvement has not been proved and its efficacy is questionable. Lateral arthroscopic release may be indicated in cases of recurrent subluxation of the patella, but surgical realignment of the extensor mechanism may be indicated in some patients. In addition, the Official Disability Guidelines note chondroplasty is recommended when the injured worker has failed conservative therapy, including medications and physical therapy; subjective findings of joint pain and swelling; objective findings of effusion or crepitus or limited range of motion; and clinical imaging findings of chondral defect on the MRI. The clinical documentation indicated the injured worker to have joint line tenderness. The official MRI revealed degenerative lateral meniscal tear with chondromalacia of the lateral compartment. However, there is lack of clinical documentation indicating the injured worker had tried and failed conservative therapy, including physical therapy and medications. Therefore, the request is not medically necessary.