

Case Number:	CM14-0150339		
Date Assigned:	09/18/2014	Date of Injury:	04/14/2011
Decision Date:	10/17/2014	UR Denial Date:	09/09/2014
Priority:	Standard	Application Received:	09/16/2014

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:

This injured worker is a 54 year-old male who sustained an industrial injury on 4/14/11. The injury occurred when he slipped and fell seven feet, landing face down. Injuries were reported to the right wrist, right knee and low back with a left rib fracture. A lumbar magnetic resonance imaging (MRI) documented multilevel degenerative disc disease. Records indicated that the injured worker had right knee pain with clicking and locking. Magnetic resonance imaging (MRI) findings showed severe myxoid degeneration of the medial meniscus and early chondromalacia grade III-IV. Conservative treatment, including anti-inflammatory medication, bracing, physical therapy, and corticosteroid injection, had failed to provide sustained benefit. The 7/30/14 standing right knee x-rays showed tricompartmental osteoarthritis with moderate degenerative narrowing of the medial knee joint space. The 8/21/14 treating physician report cited continued right knee symptoms. A physical exam documented posterior knee swelling, positive McMurray's, and thigh numbness. He used a cane and limped with slightly bent gait. There was moderate click and locking of the knee. The treatment plan requested authorization for right knee arthroscopic meniscectomy and debridement. The treating physician indicated that the injured worker had not had prior surgery and felt the injured worker would benefit. He opined the need for further total knee replacement when the injured worker was closer to 60. The 9/9/14 utilization review denied the request for right knee meniscectomy as there was no imaging documentation of a meniscal tear. Peer-to-peer conversation was documented. The treating physician reported subjective complaints of pain, catching, giving way, and locking that were significantly bothering the injured worker. Objective findings included a positive McMurray's and joint line pain with clicking. Conservative treatment had included bracing and physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Arthroscopic Meniscectomy and Debridement of Right Knee: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation ODG Indications for Surgery - Meniscectomy

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343-347. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg, Meniscectomy

Decision rationale: The California Medical Treatment Utilization Schedule (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 the magnetic resonance imaging (MRI). The Official Disability Guidelines criteria for meniscectomy 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 the magnetic resonance imaging (MRI). Guideline criteria have been met. Subjective complaints and clinical exam findings are consistent with imaging evidence of meniscal pathology. The guideline recommended conservative treatment has been tried and has failed. There is significant functional limitation. Therefore, this request is medically necessary. There are subjective, objective, and imaging exam findings consistent with meniscal pathology.