

Case Number:	CM14-0155120		
Date Assigned:	09/25/2014	Date of Injury:	08/03/2012
Decision Date:	12/12/2014	UR Denial Date:	09/11/2014
Priority:	Standard	Application Received:	09/23/2014

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 Surgeon and is licensed to practice in Louisiana. 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 55-year-old female who reported an injury on 08/03/2012. It was reported that the injured worker had right knee meniscal tear and findings of tri-compartmental osteoarthritis. It was recommended that the injured worker have video arthroscopy of the right knee and medial meniscectomy. It was also reported that the presence of tri-compartmental osteoarthritis decreases the chance of successful outcome. The rationale and request for authorization were not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Knee Video Arthroscopy: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 346-347. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Indications for Surgery, Chondroplasty

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343-345.

Decision rationale: The decision for right knee video arthroscopy is not medically necessary. 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. The clinical documentation submitted for review did not provide MRI report or results of the right knee. The medical guidelines state there should be consistent findings on MRI and physical examination. There were no other significant factors provided to justify this request outside of current guidelines. Therefore, this request is not medically necessary.

Medial Meniscectomy: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 346-347. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Indications for Surgery, Chondroplasty

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343-345.

Decision rationale: The decision for right knee medial meniscectomy is not medically necessary. 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. The clinical documentation submitted for review did not provide MRI report or results of the right knee. The medical guidelines state there should be consistent findings on MRI and physical examination. There were no other significant factors provided to justify this request outside of current guidelines. Therefore, this request is not medically necessary.