

Case Number:	CM14-0157482		
Date Assigned:	09/30/2014	Date of Injury:	10/15/2013
Decision Date:	11/19/2014	UR Denial Date:	08/25/2014
Priority:	Standard	Application Received:	09/25/2014

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 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:

39-year-old male claimant with an industrial injury dated 10/15/13. MRI of the left knee dated 02/11/13 reveal a meniscal tear with a tear of the anterior cruciate ligament with associated knee arthritis. Exam note 07/17/14 states the patient returns with constant left knee pain. The patient has difficulty walking, standing, and climbing. The patient explains a locking, popping, and giving out sensation of the left knee. Upon physical exam there was swelling surrounding the left leg. The patient walked with a slight limp and he was unable to toe gait or squat. There was tenderness over the anterior medial aspect of the knee, slight swelling, and slight effusion. Also there was diffuse swelling over the left lower extremity and nontender arthroscopic scars present. The patient had no calf tenderness and significant vargus and valgus instability. There was mild crepitation present. The patient completed a positive posterior and anterior drawer test, Lachman's test, pivot shift test, McMurray's, and Apley's test. The Homan's sign test was negative and the patient demonstrated a limited range of motion noted at -4 over 115'. Diagnosis was noted as left knee tear of previous anterior cruciate ligament graft with medial meniscal tear. Treatment includes a left knee arthroscopy with joint debridement.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left knee arthroscopy joint debridement: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation ODG Knee & leg

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

Decision rationale: American College of Occupational and Environmental Medicine (ACOEM) Chapter 13 Knee Complaints, pages 344-345, states regarding meniscus tears, "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 magnetic resonance imaging (MRI)." In this case the MRI from 2/11/13 demonstrates osteoarthritis of the knee. The ACOEM guidelines state that, "Arthroscopy and meniscus surgery may not be equally beneficial for those patients who are exhibiting signs of degenerative changes." According to Official Disability Guidelines (ODG), Knee and Leg Chapter, Arthroscopic Surgery for osteoarthritis, "Not recommended. Arthroscopic lavage and debridement in patients with osteoarthritis of the knee is no better than placebo surgery, and arthroscopic surgery provides no additional benefit compared to optimized physical and medical therapy." The requested treatment is not medically necessary and appropriate.