

Case Number:	CM14-0158927		
Date Assigned:	10/02/2014	Date of Injury:	12/06/2013
Decision Date:	12/10/2014	UR Denial Date:	09/09/2014
Priority:	Standard	Application Received:	09/29/2014

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:

This 54-year-old female housekeeper sustained an industrial injury on 12/6/13. Injury occurred relative to a fall, twisting her left knee and landing on both knees. The 2/21/14 left knee MRI revealed a tear of the posterior root of the medial meniscus with the medial meniscus extruded peripheral to the joint line. There was moderate evidence of medial compartment arthrosis with 1 cm subchondral fracture in the posterior inferior medial femoral condyle, a horizontal tear in the lateral meniscus, and mild lateral compartment arthritis. There was scarring and degeneration of the anterior cruciate ligament with no ligament tear. There was small joint fluid and a small popliteal cyst. The 2/21/14 right knee MRI revealed a tear of the posterior root of the medial meniscus with the medial meniscus extruded peripheral to the joint line, mild medial compartment arthrosis, degradation of the anterior cruciate ligament with no ligament tear or osseous injury, small joint fluid, and a large popliteal cyst. The chiropractic progress reports from 5/3/14 to 7/12/14 documented steady improvement in bilateral knee range of motion. Seven chiropractic visits were documented from 5/3/14 through 7/12/14 and six additional visits were requested. Records documented additional conservative treatment including anti-inflammatory medications, muscle relaxants, and home exercise program. The 8/2/14 chiropractic progress report cited bilateral knee pain, less on the right, and lower back pain going to the left leg with weakness. Bilateral knee exam demonstrated 0-120 degrees or range of motion with increased pain in extension, and less tenderness and muscle spasms. Patellar grinding, Apley's, and McMurray's tests were positive. Collateral ligament test increased pain and drawer sign was questionable. The diagnosis included knee sprain/strain and lumbar disc syndrome, spinal segmental dysfunction and sprain/strain, and radicular neuralgia. The treatment plan requested extension of chiropractic treatment. The 8/25/14 orthopedic report cited bilateral knee pain with give way feeling and difficulty walking. Right knee exam documented posterior medial joint line

tenderness, and no instability or effusion. Left knee exam documented tenderness along the posterior medial joint line, no effusion or instability, and no patellofemoral pain. The treatment plan recommended one Synvisc injection due to absent meniscal fragments and right knee arthroscopic debridement of the remaining meniscal fragments. The 9/9/14 utilization review denied the request for Synvisc One to the left knee as there was no documentation of severe osteoarthritis or steroid injection trial. The request for right knee arthroscopic debridement was denied as there was no imaging evidence of meniscal tear provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Synvisc one injection to the left knee: 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) Criteria for Hyaluronic acid injection

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee and Leg, Hyaluronic acid injections

Decision rationale: The California MTUS guidelines do not provide recommendations for hyaluronic acid injections. The Official Disability Guidelines state that hyaluronic acid injections are recommended for patients who experience significantly symptomatic osteoarthritis but have not responded adequately to standard non-pharmacologic and pharmacologic treatments. Guideline criteria have been met. There is no imaging evidence of significantly symptomatic osteoarthritis consistent with guideline indications. There is no adequate evidence that the patient has failed to respond adequately to standard non-pharmacologic and pharmacologic treatments. Therefore, this request is medically necessary.

Arthroscopic debridement to the right knee: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343-345, 347. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg, Meniscectomy

Decision rationale: The California MTUS guidelines support arthroscopic meniscal surgery for cases in which there is clear evidence of a meniscus tear including symptoms other than simply pain (locking, popping, giving way, and/or recurrent effusion), clear objective findings, and consistent findings on imaging. 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 MRI. Guideline criteria have been met. Records documented persistent mechanical symptoms and pain despite at least 4 months of reasonable conservative treatment. Exam findings have consistently demonstrated joint line tenderness, positive McMurray's, and limited range of motion. Therefore, this request is medically necessary.