

Case Number:	CM14-0184261		
Date Assigned:	11/12/2014	Date of Injury:	06/04/2013
Decision Date:	12/18/2014	UR Denial Date:	10/20/2014
Priority:	Standard	Application Received:	11/05/2014

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:

The injured worker is a 55-year-old male who reported injuries due to a motor vehicle accident on 06/04/2013. His diagnoses included right shoulder rotator cuff tear, right shoulder acromioclavicular osteoarthritis, right shoulder biceps tendinosis, right knee medial meniscal tear, right knee bipartite patella, left distal fibular fracture with fibrosis nonunion, syndesmosis injury of the left ankle, history of deep vein thrombosis left lower extremity and pulmonary embolism, history of pulmonary embolism and edema of the left lower extremity well controlled with elastic stockings. An MRI of the right knee on 05/08/2014, noted a 2 cm obliquely oriented horizontal tear of the posterior horn of the medial meniscus without meniscal displacement. There was no deformity, erythema or edema to the right knee. There was tenderness to palpation over the medial joint line. There was full knee range of motion. He was ambulating with a normal gait. The neurovascular examination showed no gross motor or sensory deficits. Distal pulses were intact. Both acupuncture and physical therapy were recommended for this injured worker. After beginning physical therapy, he noted increased pain in his right shoulder and right knee. On 08/20/2014, continued conservative treatment of his right knee was recommended. On 10/01/2014, his right knee pain had worsened and extended upward into his thigh. He was interested in pursuing surgical treatment for the knee. Because of his history of DVT and pulmonary embolism a recommendation was made for cardiologic clearance prior to consideration of any surgery. There was no report from a cardiologist included in the submitted documentation. There was no Request for Authorization included in this injured worker's chart.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right knee arthroscopy, partial medial meniscectomy, chondroplasty: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines: Knee & Leg, Diagnostic arthroscopy Official Disability Guidelines: Indications for surgery - Meniscectomy Official Disability Guidelines: Indications for surgery - Chondroplasty

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, Meniscectomy

Decision rationale: The request for right knee arthroscopy, partial medial meniscectomy, chondroplasty is not medically necessary. Per the California ACOEM Guidelines arthroscopic partial meniscectomy usually has high success rate for cases in which there is clear evidence of a meniscus tear including symptoms other than simply pain, locking, popping, giving way, recurrent effusion, clear signs of a bucket handle tear on examination and consistent findings on MRI. However, patients suspected of having meniscal tears, but without progressive or severe activity limitations can be encouraged to live with symptoms to retain the protective effect of the meniscus. Per the Official Disability Guidelines, meniscectomy is recommended for symptomatic meniscal tears for younger patients and for traumatic tears. It is not recommended for osteoarthritis in the absence of meniscal findings or in older patients with degenerative tears until after a trial of physical therapy and exercise. Among the criteria for meniscectomy are conservative care consisting of exercises, physical therapy, and medications or activity modification. The only medications in evidence in the submitted documentation were postoperative Coumadin, calcium with vitamin D 500 mg and Seroquel 300 mg. There is no evidence of this injured worker taking any medications to alleviate his discomfort or to help increase his functional abilities. On inspection, this injured worker had tenderness to palpation over the medial joint line of the right knee. His MRI of 05/08/2014 revealed a 2 cm obliquely oriented horizontal tear of the posterior horn of the medial meniscus without meniscal displacement. Considering his history of DVT and pulmonary embolism, a recommendation was made for a cardiology clearance prior to any surgery. There was no record of a cardiologic consult included in the submitted documents. Therefore, this request for right knee arthroscopy, partial medial meniscectomy, chondroplasty is not medically necessary.