

Case Number:	CM14-0067109		
Date Assigned:	07/11/2014	Date of Injury:	07/16/2002
Decision Date:	08/13/2014	UR Denial Date:	05/09/2014
Priority:	Standard	Application Received:	05/12/2014

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 55-year-old female sustained an industrial injury on 7/16/02. The mechanism of injury was not documented. The 5/1/14 right knee MRI impression documented severe lateral compartment arthrosis with circumferential tear involving the lateral meniscus. Findings were compatible with grade 2 lateral collateral ligament sprain and grade 1 mid to distal medial collateral ligament sprain. There was free margin and undersurface fraying in the posterior horn of the medial meniscus, a small tear could not be excluded. There was severe patellofemoral arthrosis with lateral subluxation of the patella. There was joint effusion and synovitis with evidence of pes anserine peritendinitis and bursitis. Records indicted the patient had trouble walking prolonged distances with episodes of the knee giving out and causing falls. Cortisone injections provided short term benefit. The 5/5/14 treating physician progress report cited right knee pain with descending stairs and walking. Objective findings documented lateral joint line tenderness and positive lateral Steinmann's test. MRI findings were reviewed and showed severe lateral compartment arthritis with extensive lateral meniscus tear, fraying of the posterior horn of the medial meniscus, and severe patellofemoral joint degenerative joint disease with lateral subluxation. The diagnosis was right knee lateral and medial meniscus tears and significant degenerative joint disease lateral and patellofemoral compartments. The treatment plan recommended right knee arthroscopy with meniscal debridement. The patient was off work. The 5/9/14 utilization review denied the request for right knee arthroscopy with partial medial and lateral meniscectomy as the patient had severe arthritic changes that may be aggravated when meniscectomy is performed and surgery was unlikely to provide pain relief. The 6/17/14 treating physician report cited extreme right knee pain and inability to go walking due to pain. Right knee exam documented joint line tenderness with effusion, equivocal Steinmann, and no instability.

The diagnosis was right knee degenerative joint disease with medial and lateral meniscus tears. A cortisone steroid injection was provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Knee Arthroscopy with Partial Medial Meniscectomy and Partial Lateral Meniscectomy: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines.

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, Meniscectomy.

Decision rationale: The California 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 MRI. However, arthroscopy and meniscus surgery may not be equally beneficial for those patients who are exhibiting signs of degenerative changes. The Official Disability Guidelines provide specific criteria for meniscectomy or meniscus repair that 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. This patient presents with severe knee pain with giving out. Clinical findings are consistent with imaging findings of meniscal pathology. Comprehensive conservative treatment has been tried and has failed. There are significant functional limitations in ambulatory ability. Therefore, this request for right knee arthroscopy with partial medial and lateral meniscectomy is medically necessary.