MAXIMUS Federal Services

Case Number:	CM14-0070840		
Date Assigned:	07/14/2014	Date of Injury:	09/04/2012
Decision Date:	08/22/2014	UR Denial Date:	05/02/2014
Priority:	Standard	Application Received:	05/16/2014

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 53-year-old male driver sustained an industrial injury on 9/4/12. Injury occurred when he jumped off a tractor, about 5 feet off the ground, and heard his right knee crack. The patient underwent right knee arthroscopy with partial medial meniscectomy, removal of loose bodies, extensive synovectomy, and medial femoral condyle chondroplasty on 11/6/12. The 12/29/12 right knee x-ray impression documented mild to moderate tri-compartmental degenerative joint disease with associated joint effusion and mild degenerative enthesophyte formation at the superior pole of the patella. The 9/20/13 right knee MRI conclusion documented tri-compartmental osteoarthritis changes. There was minimal globular increased signal intensity in the posterior horn of the medial meniscus most consistent with intrasubstance degeneration, a tear was not excluded. An MR arthrogram was recommended for further evaluation. The 1/16/14 treating physician report cited grade 10/10 pain with all weight bearing activities and marked difficulty going up and down stairs. The patient stated the right knee gives way and made a cracking sound when walking. The patient ambulated with a cane, and wore a knee brace. Right knee range of motion was 5-100 degrees with moderate tenderness. McMurray's and varus/valgus stress tests were positive on the right. The 4/15/14 treating physician report cited grade 9/10 right knee pain. Pain was increased with prolonged sitting, standing, and walking, walking on uneven surfaces, climbing, pushing, pulling, heavy lifting, and repetitive bending, stooping, kneeing, squatting, lifting, and carrying. Pain was reduced with rest and activity modification. Medications included anti-inflammatories, opioids, and topical ointments. Physical exam documented knee range of motion 5 to 90 degrees, and moderate to severe posteromedial and anteriomedial tenderness. Valgus stress, Apley grind, and McMurray's tests were positive. The patient was unable to perform duck walk and squat rise on the right. He was able to heel walk and tip toe with difficulty. The treatment plan recommended partial medial

meniscectomy, synovectomy, debridement, and washout. The 5/2/14 utilization review denied the request for right knee surgery as the subjective complaints were out of proportion to the reported diagnosis and there was no significant objective test finding of a surgical level structural defect of either meniscus in the right knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right knee arthroscopy m surgical, with meniscus.: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 344-345. Decision based on Non-MTUS Citation Official Disability Guidelines (http://www.odg-twc.com/odgtwc/knee.htm).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 334-345.

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 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 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 not been met. There is no detailed documentation that recent guideline-recommended conservative treatment had been tried and failed. There is no clear evidence of medial meniscus tear on MRI. There are findings of tricompartmental degenerative changes. The radiologist recommended an MR arthrogram to assess for a possible medial meniscus tear. Therefore, this request for right knee arthroscopic meniscus surgery is not medically necessary.