

Case Number:	CM14-0083683		
Date Assigned:	07/21/2014	Date of Injury:	10/26/2012
Decision Date:	08/26/2014	UR Denial Date:	05/14/2014
Priority:	Standard	Application Received:	06/05/2014

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 Orthopaedic 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 57-year-old female x-ray technician sustained an industrial injury on 10/26/12. The specific mechanism of injury was not documented. Past surgical history was positive for a right total knee replacement. The 12/19/13 left knee MRI impression documented preservation of the lateral compartment, osteoarthritis in the medial compartment, and a discoid lateral meniscus with horizontal tearing in the posterior horn and body. The 1/30/14 standing knee x-rays documented mild degenerative change in the left knee with moderate medial compartment narrowing. The 4/25/14 treating physician report cited severe left knee pain, primarily medial. Conservative treatment had included one cortisone injection and Voltaren for pain. The patient reported that she had not been to physical therapy. Exam findings documented body mass index 29.7, lateral joint line tenderness, and range of motion 0-130 degrees with trace varus deformity. Motor strength was 5/5. There was no evidence of meniscal pathology. X-rays of the left knee demonstrated almost bone-on-bone articulation in the medial compartment. The treatment plan recommended an arthroscopy to address the lateral meniscus tear and conversion to a partial knee replacement on the medial side. The 5/14/14 utilization review denied the request for left knee arthroscopy and partial joint replacement as there was no evidence of limited range of motion, night-time joint pain, or significant functional limitations to support the necessity of intervention. There was no documentation that recent physical therapy had failed or viscosupplementation had been tried.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Left knee arthroscopy and partial knee replacement: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation Official disability guidelines.

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 and Leg, Knee joint replacement.

Decision rationale: The California MTUS guidelines support arthroscopic partial meniscectomy 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 objective findings, and consistent findings on imaging. The California MTUS does not provide recommendations for partial knee arthroplasty. The Official Disability Guidelines recommend knee joint replacement when surgical indications are met. If only one compartment is affected, a unicompartmental or partial replacement may be considered. Specific criteria for knee joint replacement include exercise and medications or injections, limited range of motion (< 90 degrees), night-time joint pain, no pain relief with conservative care, documentation of functional limitations, age greater than 50 years, a body mass index (BMI) less than 35, and imaging findings of osteoarthritis. Guideline criteria have not been met. There is no clear evidence of a meniscal tear relative to subjective and objective clinical exam documentation. There is no detailed documentation that recent comprehensive pharmacologic and non-pharmacologic conservative treatment had been tried and failed. There is no documentation of night-time pain or evidence of limited range of motion. Functional assessment is not documented. Therefore, this request for left knee arthroscopy and partial knee replacement is not medically necessary.