

Case Number:	CM13-0064169		
Date Assigned:	01/17/2014	Date of Injury:	05/13/2009
Decision Date:	03/10/2015	UR Denial Date:	11/21/2013
Priority:	Standard	Application Received:	12/11/2013

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Minnesota, Florida

Certification(s)/Specialty: Orthopedic Surgery

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 sustained a work related injury on May 13, 2009, injuring the right knee. The exact mechanism of the work related injury was not included in the documentation provided. The injured worker was noted to have undergone right ankle arthrotomy with synovectomy in 2010. A copy of the surgical report was not included in the documentation provided. A left knee MRI on February 23, 2013, was noted to show a discoid lateral meniscus with severe mucoid degeneration, a parameniscal cyst, some diffuse anterior cruciate ligament mucoid degeneration, and tricompartmental arthritis. The Primary Treating Physician's report dated October 21, 2013, noted the injured worker with continued left knee and right ankle pain. The injured worker was noted to be using the home exercise program learned in physical therapy as well as using a TENS unit, noted to be helpful. An orthopedic consultation dated October 31, 2013, noted the injured worker with ongoing left knee pain. Radiographic evaluation of the left knee on the visit date was noted to show fairly well-maintained spaces between the tibia and femur, with the lateral view essentially normal, and some slight limping in the lateral compartment of the left knee. Physical examination was noted to show no varus or valgus instability, with a valgus and excessive laxity, and positive Bounce Home or Apley's compression distraction test. The diagnoses were noted to be osteoarthritis, a degenerated discoid lateral meniscus knee, and joint pain. The Physician noted the injured worker with a discoid lateral meniscus and was a candidate for left knee arthroscopy with meniscectomy. The Physician requested authorization for a left knee arthroscopy with lateral meniscectomy. On November 21, 2013, Utilization Review evaluated the request for a left knee arthroscopy with lateral meniscectomy, citing the

MTUS American College of Occupational and Environmental Medicine (ACOEM), Knee Complaints. The UR Physician noted that the ACOEM guidelines indicated that prior to considering surgical treatment for meniscal pathology there should be severe mechanical symptoms, and that at that time the medical records did not document any mechanical symptoms, only noting the injured worker reporting knee pain, therefore the request did not meet ACOEM recommendations and was not medically necessary. The UR Physician noted that based on the clinical information submitted for review and using the evidence-based, peer-reviewed guidelines, the request for a left knee arthroscopy with lateral meniscectomy was not certified. The decision was subsequently appealed to Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

LEFT KNEE ARTHROSCOPY WITH LATERAL MENISCECTOMY: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 1021-1022.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 344, 345. Decision based on Non-MTUS Citation Section: Knee, Topic: Surgery for osteoarthritis

Decision rationale: The injured worker had evidence of tricompartmental osteoarthritis of the left knee based upon the MRI findings of 2/23/2013. There was a discoid lateral meniscus present with severe mucoid degeneration but no tear was documented. California MTUS guidelines indicate arthroscopic partial meniscectomy has a high success rate for cases in which there is clear evidence of a meniscal tear, symptoms other than simply pain such as locking, popping, giving way or recurrent effusion. Arthroscopy and meniscus surgery may not be equally beneficial for those patients who are exhibiting signs of degenerative changes such as in this instance. ODG guidelines do not support arthroscopic surgery in the presence of osteoarthritis. Arthroscopic lavage and debridement in patients with osteoarthritis of the knee is no better than placebo surgery, and arthroscopic surgery provides no additional benefit compared to optimized physical and medical therapy. In the Meniscal Tear in Osteoarthritis Research trial, there were similar outcomes from PT versus surgery. In this randomized clinical trial arthroscopic surgery was not superior to supervised exercise alone after nontraumatic degenerative medial meniscal tears in older patients. Another study concluded that even when the arthritis is mild removing a degenerated meniscus provided no benefit when compared to non-operative management. Reliance simply on imaging studies carries with it the risk of operating on asymptomatic underlying conditions. The injured worker clearly has degenerative changes in her knee and removal of the degenerated discoid meniscus is not going to solve the problem. In fact, it would be more helpful to preserve the protective effect of the meniscus. Her MRI scan showed osteoarthritis 2 years ago and now it is probably worse. As such, based upon the above records and guidelines, the request for arthroscopy with lateral meniscectomy for the degenerated discoid meniscus is not supported, and the medical necessity is not substantiated.