

Case Number:	CM14-0186521		
Date Assigned:	11/14/2014	Date of Injury:	12/10/2013
Decision Date:	01/05/2015	UR Denial Date:	10/28/2014
Priority:	Standard	Application Received:	11/10/2014

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 is a 41 year old male with a 12/10/13 injury date. A 5/20/14 left knee MRI revealed patellofemoral chondromalacia, a medial femoral condyle chondral fissure, and a synovial plica. In a 10/15/14 note, the patient complained of continued left knee pain. Objective findings included full left knee range of motion, 3/5 strength, medial joint line tenderness, palpable hypertrophic plica with tenderness, and positive patellofemoral crepitation/grind. Diagnostic impression: left knee synovial plica, chondromalacia. Treatment to date: rest, ice, NSAIDS, physical therapy, home exercise. A UR decision on 10/28/14 modified the request for left knee arthroscopic meniscectomy vs. repair, possible debridement, possible chondroplasty, and possible plica excision to allow for left knee arthroscopic debridement, chondroplasty, and excision of medial synovial plica. There was no evidence of meniscal tear to support the need for meniscal surgery.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left Knee Diagnostic/Arthroscopic Meniscectomy vs Repair Possible Debridement &/or Chondroplasty and Excision of Medial Synovial Plica: 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 (ODG)-TWC Knee and Leg Procedure Summary.

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 Chapter-Menisectomy, Chondroplasty

Decision rationale: CA MTUS states that arthroscopic partial meniscectomy usually has a high success rate for cases where there is clear evidence of a meniscus tear, symptoms other than simply pain, clear signs of a bucket handle tear on examination, and consistent findings on MRI. In addition, ODG criteria for meniscectomy include failure of conservative care. Regarding chondroplasty, CA MTUS states that surgery may be indicated for patients who have activity limitation for more than one month and failure of exercise programs to increase the range of motion and strength of the musculature around the knee. In addition, ODG does not recommend chondroplasty in the absence of a focal chondral defect on MRI. However, there was no evidence on the recent left knee MRI of any meniscal tear or meniscal pathology. The patient does appear to be a good candidate for the remaining portions of the procedure, and these were recently approved in a modified UR decision. However, the request as written cannot be certified at this time. Therefore, the request for Left Knee Diagnostic/Arthroscopic Meniscectomy vs Repair Possible Debridement &/or Chondroplasty and Excision of Medial Synovial Plica is not medically necessary.