

Case Number:	CM14-0198724		
Date Assigned:	12/09/2014	Date of Injury:	10/13/2008
Decision Date:	02/04/2015	UR Denial Date:	10/29/2014
Priority:	Standard	Application Received:	11/26/2014

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:

50 year old female claimant with an industrial injury dated 10/13/08. Exam note 10/20/14 states the patient returns with knee pain. The patient complains of swelling and catching of the right and left knee. The patient explains that the pain is increased with prolonged standing, climbing, and bending activities. Upon physical exam the skin surrounding the bilateral knees appears to be normal without scars. The patient demonstrated a right lower extremity antalgic gait, and the left lower extremity appears to be normal. There was no deformity, spasm, swelling, or calf atrophy noted. There was mild effusion noted on both knees. Range of motion is noted as 0' extension, and 125' flexion bilaterally. There was evidence of tenderness both along the medial and lateral joint lines bilaterally. Motor strength in the quads and hamstrings was demonstrated as a 5/5 and reflexes at the patella and Achilles was noted as 2+. Diagnosis is noted as complex tears of the medial menisci on both knees with underlying chondromalacia. MRI right knee 8/6/14 demonstrates chondromalacia patella with horizontal tear of the posterior horn and body of the medial meniscus with mild tricompartmental osteoarthritis changes. MRI of the left knee 8/20/14 demonstrates horizontal tear of the posterior horn and body of the medial meniscus with moderate to high grade chondromalacia of the medial compartment. Treatment includes an arthroscopic meniscectomy and debridement of both knees.

IMR ISSUES, DECISIONS AND RATIONALES

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

Arthroscopic meniscectomy and debridement of both knees: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment 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 Chapter, Arthroscopic surgery for osteoarthritis.

Decision rationale: The CAMTUS/ACOEM Chapter 13 Knee Complaints, pages 344-345, states regarding meniscus tears, "Arthroscopic partial meniscectomy usually has a high success rate for cases in which there is clear evidence of a meniscus tear--symptoms other than simply pain (locking, popping, giving way, recurrent effusion); clear signs of a bucket handle tear on examination (tenderness over the suspected tear but not over the entire joint line, and perhaps lack of full passive flexion); and consistent findings on MRI." In this case the exam note from 10/20/14 demonstrates evidence to support right knee arthroscopy. The patient has a symptomatic medial meniscus tear with failed conservative treatment with minimal osteoarthritis. The left knee arthroscopy however is not medically necessary. In this case the MRI from 8/20/14 of the left knee demonstrates osteoarthritis of the knee without clear evidence of meniscus tear. The ACOEM guidelines state that, "Arthroscopy and meniscus surgery may not be equally beneficial for those patients who are exhibiting signs of degenerative changes." According to the ODG, Knee and Leg Chapter, Arthroscopic Surgery for osteoarthritis, is "Not recommended. 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." As the patient has significant osteoarthritis in the left knee the request is not medically necessary for bilateral knee arthroscopy.