

Case Number:	CM15-0103082		
Date Assigned:	06/05/2015	Date of Injury:	03/30/2015
Decision Date:	07/03/2015	UR Denial Date:	05/04/2015
Priority:	Standard	Application Received:	05/28/2015

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: California, Indiana, Oregon
 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 (IW) is a 62-year-old male who sustained an industrial injury to the right knee on 03/30/2015. Diagnoses include medial meniscus tear-right knee, right knee pain and lateral femoral condylar, patellofemoral joint chondrosis/arthritis. Treatment to date has included medications and activity modification. According to the progress notes dated 4/21/15 the IW reported ongoing pain along the medial aspect of the right knee aggravated by any standing and walking. MRI of the right knee on 4/20/15 showed evidence of a medial meniscal tear at the posterior horn and body and possible tearing at the body and posterior horn of the lateral meniscus; patellofemoral chondrosis and femoral condylar chondrosis were also noted on MRI. On examination a right antalgic gait was present. There was soft tissue swelling in the right knee with minimal effusion. The medial joint line was severely tender. Range of motion was 0-125 with medial pain, with positive McMurray's, bounce home and Apley's signs. A request was made for right knee arthroscopy possible partial meniscectomy, possible chondroplasty.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Knee Arthroscopy, Possible Partial Meniscectomy, Possible Chondroplasty: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines, Indications for Surgery, Meniscectomy.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) knee.

Decision rationale: 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 MRI from 4/20/15 demonstrates osteoarthritis of the knee 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 ODG, Knee and Leg Chapter, Arthroscopic Surgery for osteoarthritis, 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 this 62 year-old patient has significant osteoarthritis and the injury to request for surgery is too brief to allow for an adequate trial of non-operative management, the request is not medically necessary.