

Case Number:	CM15-0132610		
Date Assigned:	07/20/2015	Date of Injury:	03/26/2013
Decision Date:	08/18/2015	UR Denial Date:	06/23/2015
Priority:	Standard	Application Received:	07/09/2015

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: Illinois, California, Texas
 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:

This injured worker is a 41-year-old female who sustained an industrial injury on 3/26/13, relative to repetitive work duties. Past surgical history was positive for bilateral carpal tunnel release. She underwent left knee arthroscopy with partial medial and lateral meniscectomy and excision of plica on 10/9/14, followed by physical therapy. Conservative treatment also included home exercise program, activity modification, and medication. The 6/5/15 treating physician report cited chief complaint of grade 8-9/10 bilateral arm and shoulder pain. Medications included Norco and Motrin. Physical exam documented right clavicle tenderness, medial right knee tenderness with positive apprehension, and slight left knee tenderness in the medial plica region. The treating physician reported that the 3/11/14 right knee MRI showed medial meniscus tear, chondromalacia, and subluxation of the patella. The treatment plan indicated that the injured worker was very symptomatic over the right knee. Authorization was requested for right knee arthroscopy with partial meniscectomy, chondroplasty and lateral release. The 6/23/15 utilization review non-certified the request for right knee arthroscopy with partial meniscectomy, chondroplasty and lateral release as there was no clear evidence of a meniscal tear on imaging and there was no evidence of failed physical therapy or injections. The 7/17/15 treating physician report progress report cited grade 9/10 bilateral arm and shoulder pain, and decreased function. Symptoms were increased with pushing, kneeling, repetitive use, prolonged sitting and standing, walking, pulling, climbing stairs, lifting, and bending. Right knee exam documented medial joint tenderness and positive apprehension test. The treatment plan indicated she had chronic pain syndrome, somewhat diffuse, but had right knee surgical pathology.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Knee Arthroscopy with partial meniscectomy, chondroplasty and lateral release:
Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

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: Chondroplasty; Lateral retinacular release; Meniscectomy.

Decision rationale: The California MTUS guidelines state that surgical consideration may be indicated for patients who have activity limitation for more than one month and failure of exercise programs to increase range of motion and strength of the musculature around the knee. 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, and/or recurrent effusion), clear objective findings, and consistent findings on imaging. The Official Disability Guidelines (ODG) criteria for meniscectomy include conservative care (exercise/physical therapy and medication or activity modification) plus at least two subjective clinical findings (joint pain, swelling, feeling or giving way, or locking, clicking or popping), plus at least two objective clinical findings (positive McMurray's, joint line tenderness, effusion, limited range of motion, crepitus, or locking, clicking, or popping), plus evidence of a meniscal tear on MRI. The ODG criteria for chondroplasty include evidence of conservative care (medication or physical therapy), plus joint pain and swelling, plus effusion or crepitus or limited range of motion, plus a chondral defect on MRI. Guidelines criteria for lateral retinacular release include physical therapy or medications, and pain with sitting or patellar/femoral movement or recurrent dislocations. Clinical exam findings should include lateral tracking of the patella, recurrent effusion, patellar apprehension, synovitis with or without crepitus, and Q angle greater than 15 degrees. Imaging findings of abnormal patellar tilt are required. Guideline criteria have been met. This injured worker presents with apparent right knee symptoms but there is no clear documentation of right knee pain or mechanical symptoms. Clinical exam findings are limited to medial tenderness and positive apprehension. There is reported imaging evidence of a medial meniscus tear, chondromalacia, and subluxation. Evidence of a reasonable non-operative treatment protocol trial and failure of medications and altered activities has been submitted. The reported subjective and objective findings meet guideline criteria for the requested surgical procedures. Therefore, this request is medically necessary.