

Case Number:	CM15-0160749		
Date Assigned:	08/27/2015	Date of Injury:	01/20/1998
Decision Date:	09/29/2015	UR Denial Date:	08/07/2015
Priority:	Standard	Application Received:	08/17/2015

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, Oregon, Washington
 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 is a 54-year-old female who sustained an industrial injury on 01-20-1998. Diagnoses include tear of the lateral meniscus of the knee-current. According to the progress notes dated 7-30-2015, the IW (injured worker) reported right knee clicking, catching, locking and swelling. The exam was reportedly consistent with MRI findings of a recurrent complex tear of the lateral meniscus, degenerative joint changes in the lateral compartment, significant excessive fluid and chondromalacia of the patella. The IW also had complaints of left wrist tenderness, swelling and pain, for which she received a cortisone injection. The exam on 5-5-2015 revealed the right knee to be hot, boggy and swollen with medial and lateral joint line tenderness and significant synovitis. She had pain in flexion and extension of the knee in varus and valgus stress. MRI of the right knee on 7-27-2015 showed a large effusion; synovitis; a complex tear involving the posterior horn and body of the lateral meniscus, extending into the anterior horn; degeneration of the lateral meniscus due to previous tearing; degenerative joint disease and chondromalacia patella. A request was made for right knee arthroscopy, partial meniscectomy and debridement.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right knee arthroscopy, partial meniscectomy and debridement: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee and Leg (Acute and Chronic): Loose body removal surgery (arthroscopy) Official Disability Guidelines, Knee and Leg (Acute and Chronic): Meniscectomy (2015).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 344-345.

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 demonstrates osteoarthritis of the knee. 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 the patient has significant osteoarthritis the request is not medically necessary.