

Case Number:	CM15-0166428		
Date Assigned:	09/08/2015	Date of Injury:	06/07/2014
Decision Date:	10/08/2015	UR Denial Date:	08/01/2015
Priority:	Standard	Application Received:	08/25/2015

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 male who sustained an industrial injury on 6/7/14. Injury occurred when he was walking up a ramp and felt his right knee give out, resulting in severe right knee pain. He underwent arthroscopic partial medial meniscectomy of the right knee on 10/22/14. Operative findings documented normal patellofemoral joint, and articular cartilage well-preserved in the medial femoral condyle and medial tibial plateau. Post-operative conservative treatment included activity modification, physical therapy, medications, and corticosteroid injection. The 6/3/15 left knee MRI impression documented medial meniscal findings consistent with sequelae of the prior tear and interval partial meniscectomy change with no definite re-tear. There was lateral meniscus horizontal intrasubstance signal change of the body which extended to the periphery. There was a suggestion of an associated 5 mm parameniscal cyst favoring this as a peripheral horizontal tear rather than intrasubstance degenerative significant change. There was shelf-like medial patellar plica and distal semimembranosus mild tendinopathy. Findings documented no evidence of medial or lateral weight bearing compartment cartilage defect and no evidence of chondromalacia patella. The 6/17/15 orthopedic report cited right knee pain with occasional locking and catching and a feeling of giving out. Recent imaging findings documented lateral meniscus intrasubstance signal change at the body, extending to the periphery with associated 5.0 mm parameniscal cyst. Physical exam documented mild limp and pain with squatting and kneeling. There was medial joint line tenderness to palpation, mild lateral joint line tenderness to palpation, and positive tenderness to palpation over the patellar tendon. Range of motion was 0-130 degrees with no

crepitus. There was no ligamentous laxity. The diagnosis was status post partial medial meniscectomy with a lateral meniscus tear and lateral meniscus cyst. He was administered a right knee intra-articular corticosteroid injection. The 7/15/15 orthopedic report indicated that the injured worker obtained one week of relief following the intra-articular corticosteroid injection as the last visit. He was now having increased pain and had to use a cane for ambulation. He reported that the knee felt unstable and like it would give way. He had sharp, catching, and locking right knee pain that had worsened significantly over the past week. Conservative treatment included physical therapy, activity modification, icing, rest, and anti-inflammatory medications without sustained relief. Physical exam was unchanged from 6/17/15. Authorization was requested for right knee arthroscopy, partial lateral meniscus tear repair, chondroplasty, and cyst debridement. The 8/1/15 utilization review modified the request for right knee arthroscopy, partial lateral meniscus tear repair, chondroplasty, and cyst debridement to right knee arthroscopy, partial lateral meniscus tear repair, and cyst debridement based on peer-to-peer discussion with findings of recurrent effusion, giving way, and catching, and failure of conservative treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right knee arthroscopy, partial lateral meniscus tear repair, chondroplasty and cyst debridement: Upheld

Claims Administrator guideline: Decision based on MTUS Knee Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee and Leg, Chondroplasty.

MAXIMUS guideline: Decision based on MTUS Knee Complaints 2004, Section(s): Surgical Considerations. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg: Chondroplasty; 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 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 Official Disability Guidelines 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. Guideline criteria have not been fully met for these procedures. The injured worker presents with activity dependent right knee pain with locking, catching and giving way. Clinical exam findings are consistent with imaging evidence of lateral meniscus tear. Detailed evidence of a recent, reasonable and/or

comprehensive non-operative treatment protocol trial and failure has been submitted. However, there is no imaging or arthroscopic evidence of a chondral defect to support the medical necessity of chondroplasty. The 8/1/15 utilization review modified this request to right knee arthroscopy, partial lateral meniscus tear repair, and cyst debridement. There is no compelling rationale, clinical exam findings, or imaging evidence to support the medical necessity of chondroplasty. Therefore, this request is not medically necessary.