

Case Number:	CM15-0168808		
Date Assigned:	09/09/2015	Date of Injury:	09/03/2014
Decision Date:	10/08/2015	UR Denial Date:	08/13/2015
Priority:	Standard	Application Received:	08/27/2015

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:

The injured worker is a 59 year old male, who sustained an industrial-work injury on 9-3-14. He reported initial complaints of pain to bilateral lower extremities and back due to cumulative trauma. The injured worker fell in a trench on his knees. The injured worker was diagnosed as having bilateral knee joint sprain, left greater than right, and aftercare surgery, left knee lateral and medial meniscus tear. Treatment to date has included medication, surgery (arthroscopy of left knee on 9-9-14), knee immobilizer, crutches, physical therapy, and injection. MRI results were reported on 9-5-14. Currently, the injured worker complains of right knee pain status post arthroscopy of left knee. The right knee has not changed. Physical therapy is tolerated. Per the primary physician's progress report (PR-2) on 8-11-15, exam noted right knee 4 x 4 cm infrapatellar cyst present, exquisite medial joint line tenderness from the knee anterior posterior drawer, negative valgus and varus stress at 0-30 degrees shows no laxity, McMurray is negative, strength 5 out of 5 in all muscle groups of the left leg, and sensations intact in all dermatomes. The Request for authorization date was 7-30-15 and requested service included Arthroscopic meniscal repair with debridement, right knee, per 7/28/2015 order. The utilization review on 8-13-15 denied the request due to age and diagnosis per guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Arthroscopic meniscal repair with debridement, right knee, per 7/28/2015 order: Upheld

Claims Administrator guideline: Decision based on MTUS Knee Complaints 2004. Decision based on Non-MTUS Citation <http://www.ncbi.nlm.nih.gov/pubmed/18500068> Sohn DHI, Moorman CT.

MAXIMUS guideline: Decision based on MTUS Knee Complaints 2004, Section(s): Surgical Considerations. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Arthroscopic Surgery for osteoarthritis.

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.” 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.