MAXIMUS Federal Services

Case Number:	CM15-0169129		
Date Assigned:	09/09/2015	Date of Injury:	04/26/2012
Decision Date:	10/13/2015	UR Denial Date:	08/19/2015
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: Montana, Oregon, Idaho
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 37-year-old male who sustained an industrial injury on 04-26-2012. He reported that he was walking down some stairs, stopped and twisted his left knee. MRI of the left knee performed on 09-04-2014 showed complex lateral meniscal tear with extrusion and adjacent subcentimeter parameniscal cyst, mild MCL bursitis, tricompartmental osteoarthritis of the knee with a small knee joint effusion. The focal area of full-thickness cartilage loss along the medial femoral condyle measured up to 18 millimeters in size. There was degenerative appearing versus less likely posttraumatic moderate edema within the proximal fibula. An 8-millimeter nonaggressive T2 hyperintense lesion within the distal femur was noted. This finding was non-specific. According to a progress report dated 08-06-2015, the injured worker was experiencing pain and swelling along the lateral side of his knee. Jumping, lateral movements and prolonged activity were painful for him. He had no previous surgeries. Objective findings included grossly normal appearing knee, no effusion or erythema noted, good range of motion, negative Lachman's test for both ACL and PCL stability, positive patellar grind test, stable varus and valgus testing, positive for patellar crepitance, palpable plica on lateral to left patella and SILT. Assessment included patellofemoral chondromalacia, degenerative arthritis, lateral meniscus tear, patellar grind and plica. Recommendations included left knee arthroscopic lateral meniscectomy, chondroplasty and possible microfracture. An undated authorization request was submitted for review. The requested services included left knee arthroscopic, lateral meniscectomy, chondroplasty and possible microfracture and 18 sessions of postoperative physical therapy. On 08-19-2015, Utilization Review (UR) non-certified left knee arthroscopic lateral meniscectomy, left knee chondroplasty and possible microfracture and postoperative physical therapy visits to the left knee x 18. The UR provider noted that evidence of weeks-

month of a recent reasonable and or comprehensive non-operative treatment protocol trial and failure had not been submitted. Since surgery was non-certified, post-operative physical therapy visits were deemed not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left knee arthroscopic lateral meniscectomy: Upheld

Claims Administrator guideline: Decision based on MTUS Knee Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Knee Complaints 2004, Section(s): General Approach, Initial Assessment, Physical Examination, Special Studies.

Decision rationale: CA MTUS/ACOEM Chapter 13 Knee Complaints, pages 344-345, states that 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 09/04/14 demonstrates osteoarthritis of the knee with a complex meniscus tear and parameniscal cyst. 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, is 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. In this case, the injured worker has an MRI demonstrating tricompartmental osteoarthritis and no evidence of mechanical symptoms in the exam notes from 08/06/15. The request for a left knee arthroscopic lateral meniscectomy is therefore not medically necessary.

Left knee Chondroplasty and possible microfracture: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

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

Decision rationale: CA MTUS/ACOEM is silent on the issue of chondroplasty. According to the ODG Knee and Leg regarding chondroplasty, Criteria include conservative care, subjective clinical findings of joint pain and swelling plus objective clinical findings of effusion or crepitus plus limited range of motion plus chondral defect on MRI. In this case, the MRI from 09/04/14 does not demonstrate a clear chondral defect on MRI nor does the exam note from 08/6/15 demonstrate objective findings consistent with a symptomatic chondral lesion. Therefore, the request is not medically necessary.

Postoperative Physical Therapy for the left knee (18-sessions): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.