Case Number:	CM15-0191799		
Date Assigned:	10/05/2015	**Date of Injury:**	03/01/2015
Decision Date:	11/23/2015	**UR Denial Date:**	09/04/2015
Priority:	Standard	**Application Received:**	09/29/2015

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: Minnesota, Florida
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 57 year old male, who sustained an industrial injury on 3-1-15. The injured worker has complaints of right knee pain with moderate effusion suspect meniscus tear. Right knee examination revealed swelling and tender anterior lateral knee. The documentation on 8-24-15 noted that right knee examination revealed range of motion flexion is 0 to 130 degrees; swelling is 1+; crepitus is 1+ without tenderness and medial tenderness is right 2. The diagnoses have included right knee medial meniscus tear. Treatment to date has included norco; ibuprofen; physical therapy and acupuncture with no improvement. Right knee X-ray on 3-1-15 showed osseous mineralization is normal; no acute fracture is seen; mild lateral compartment degenerative changes are seen; there is a knee joint effusion and regional soft tissues appear otherwise normal. Right knee magnetic resonance imaging (MRI) on 3-4-15 showed linear horizontal signal is seen in the posterior horn and body of the lateral meniscus, extending to the inferior articular surface and this is consistent with a meniscus tear. The original utilization review (9-4-15) denied the request for diagnostic right knee arthroscopy, quantity 1; possible right knee partial meniscectomy versus meniscal repair, quantity 1 and pre-operative surgical clearance, quantity 1.

IMR ISSUES, DECISIONS AND RATIONALES

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

Diagnostic right knee arthroscopy, QTY: 1.00: Upheld

Claims Administrator guideline: Decision based on MTUS Knee Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee & Leg - Acute & Chronic, Indications for Surgery - Diagnostic Arthroscopy.

MAXIMUS guideline: Decision based on MTUS Knee Complaints 2004, Section(s): Surgical Considerations. Decision based on Non-MTUS Citation ODG: Section: Knee, Topic: Diagnostic arthroscopy.

Decision rationale: Per initial orthopedic consultation dated 8/24/2015 the injured worker is a 56-year-old male who suffered cumulative trauma to the right knee resulting in sharp pain in March 2015. He had undergone extensive physical therapy and acupuncture with no improvement. He had increasing swelling and sharp pain on the inner aspect of the right knee. He was limping and had a catching sensation on a regular basis. The MRI scan of the right knee was unofficially reported to show a medial meniscal tear. On examination knee flexion was 0-130. There was 1+ swelling and 1+ crepitus in the patellofemoral joint with 2+ medial tenderness in the tibiofemoral joint. McMurray was positive. The diagnosis was "right knee medial meniscus tear". The provider requested authorization to proceed with diagnostic right knee arthroscopy and partial meniscectomy versus meniscal repair. The rationale utilized for the request included subjective symptoms consistent with a medial meniscus tear, objective physical findings to support the diagnosis and MRI to confirm the diagnosis. He had failed nonoperative treatment for over 6 months. A review of the MRI report dated 3/4/2015 indicates the following impression: "Linear horizontal signal is seen in the posterior horn and body of the lateral meniscus, extending to the inferior articular surface. This is consistent with a meniscus tear. 1 cm irregular hyperintense cystic signal is seen in the lateral femoral condyle. This has a linear component that extends posteriorly along the subcortical region of the femoral condyle. This may represent a prominent osteochondritis dissecans and/or osteonecrosis. Minimal lateral joint space narrowing and thinning of the femoral and tibial plateau articular cartilage. Degenerative or edema hyperintense bone marrow signal change in the lateral femoral condyle. Minimal thinning and hyperintense signal in the patellar cartilage. Medial collateral ligament grade 1 strain." An x-ray of the right knee dated 3/1/2015 revealed mild lateral compartment degenerative changes associated with a knee joint effusion. An examination of 4/13/2015 documents bilateral knee pain, right more than left of 1-1/2 month's duration. There was no history of trauma. The pain was mostly anterior in the patellofemoral joint. On examination patellar grind was positive. The treatment included physical therapy. In light of the discrepancy between the orthopedic consultation report of 8/24/2015 and the MRI report of 3/4/2015, particularly the orthopedic diagnosis of a medial meniscal tear and the MRI diagnosis of a horizontal tear of the lateral meniscus associated with degenerative changes in the lateral compartment, representing a degenerative tear, the surgical request was noncertified by utilization review. The injured worker has evidence of patellofemoral syndrome and also has degenerative changes in the lateral compartment associated with a horizontal tear of the lateral meniscus representing a degenerative tear. His examination findings of 8/24/2015 indicated the clinical impression of a medial meniscal tear based upon the medial location of the pain and tenderness as well as the positive McMurray which is not supported by the old MRI findings. Previous examinations had revealed patellofemoral syndrome. Therefore it is likely that the

degenerative tear of the lateral meniscus is not symptomatic and the medial symptoms may be related to additional pathology in the medial compartment which did not show up in March but may be evident on a new MRI scan at this time. The guidelines also support standing x-rays to determine the degree of osteoarthritis in the knee as arthroscopy and arthroscopic surgery is not indicated in the presence of osteoarthritis. Furthermore, if standing x-rays show significant osteoarthritis in 2 compartments, he may be a candidate for total knee arthroplasty. In light of the foregoing, the request for surgery is not supported at this time, pending an accurate diagnosis with the clinical findings corroborating the MRI findings. Updated imaging studies will therefore be necessary prior to surgery and a diagnostic arthroscopy is not medically necessary.

Possible right knee partial meniscectomy versus meniscal repair, QTY: 1.00: Upheld

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

MAXIMUS guideline: Decision based on MTUS Knee Complaints 2004, Section(s): Surgical Considerations.

Decision rationale: Per initial orthopedic consultation dated 8/24/2015 the injured worker is a 56-year-old male who suffered cumulative trauma to the right knee resulting in sharp pain in March 2015. He had undergone extensive physical therapy and acupuncture with no improvement. He had increasing swelling and sharp pain on the inner aspect of the right knee. He was limping and had a catching sensation on a regular basis. The MRI scan of the right knee was unofficially reported to show a medial meniscal tear. On examination knee flexion was 0-130. There was 1+ swelling and 1+ crepitus in the patellofemoral joint with 2+ medial tenderness in the tibiofemoral joint. McMurray was positive. The diagnosis was right knee medial meniscus tear. The provider requested authorization to proceed with diagnostic right knee arthroscopy and partial meniscectomy versus meniscal repair. The rationale utilized for the request included subjective symptoms consistent with a medial meniscus tear, objective physical findings to support the diagnosis and MRI to confirm the diagnosis. He had failed non-operative treatment for over 6 months. A review of the MRI report dated 3/4/2015 indicates the following impression: Linear horizontal signal is seen in the posterior horn and body of the lateral meniscus, extending to the inferior articular surface. This is consistent with a meniscus tear. 1 cm irregular hyperintense cystic signal is seen in the lateral femoral condyle. This has a linear component that extends posteriorly along the subcortical region of the femoral condyle. This may represent a prominent osteochondritis dissecans and/or osteonecrosis. Minimal lateral joint space narrowing and thinning of the femoral and tibial plateau articular cartilage. Degenerative or edema hyperintense bone marrow signal change in the lateral femoral condyle. Minimal thinning and hyperintense signal in the patellar cartilage. Medial collateral ligament grade 1 strain. An x-ray of the right knee dated 3/1/2015 revealed mild lateral compartment degenerative changes associated with a knee joint effusion. An examination of 4/13/2015 documents bilateral knee pain, right more than left of 1-1/2 months duration. There was no history of trauma. The pain was mostly anterior in the patellofemoral joint. On examination patellar grind was positive. The treatment included physical therapy. In light of the discrepancy between the orthopedic consultation report of 8/24/2015 and the MRI report of 3/4/2015,

particularly the orthopedic diagnosis of a medial meniscal tear and the MRI diagnosis of a horizontal tear of the lateral meniscus associated with degenerative changes in the lateral compartment, representing a degenerative tear, the surgical request was noncertified by utilization review. The injured worker has evidence of patellofemoral syndrome and also has degenerative changes in the lateral compartment associated with a horizontal tear of the lateral meniscus representing a degenerative tear. His examination findings of 8/24/2015 indicated the clinical impression of a medial meniscal tear based upon the medial location of the pain and tenderness as well as the positive McMurray which is not supported by the old MRI findings. Previous examinations had revealed patellofemoral syndrome. Therefore it is likely that the degenerative tear of the lateral meniscus is not symptomatic and the medial symptoms may be related to additional pathology in the medial compartment which did not show up in March but may be evident on a new MRI scan at this time. The guidelines also support standing x-rays to determine the degree of osteoarthritis in the knee as arthroscopy and arthroscopic surgery is not indicated in the presence of osteoarthritis. Furthermore, if standing x-rays show significant osteoarthritis in 2 compartments, he may be a candidate for total knee arthroplasty. In light of the foregoing, the request for surgery is not supported at this time, pending an accurate diagnosis with the clinical findings corroborating the MRI findings. Updated imaging studies will therefore be necessary prior to the requested surgery. Request is not medically necessary.

Pre-operative surgical clearance, QTY: 1.00: Upheld

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

MAXIMUS guideline: Decision based on MTUS Knee Complaints 2004, Section(s): Surgical Considerations.

Decision rationale: Since the primary surgical procedure is not medically necessary, none of the associated surgical requests are medically necessary and appropriate.