

Case Number:	CM15-0198973		
Date Assigned:	10/14/2015	Date of Injury:	04/19/2012
Decision Date:	11/23/2015	UR Denial Date:	09/29/2015
Priority:	Standard	Application Received:	10/09/2015

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 64-year-old male who sustained an industrial injury on 4/19/12. Injury was reported relative to cumulative work duties as a parking attendant. Past medical history was positive for cardiac arrhythmia and transient ischemic attack in February 2015. Records documented that a 5/15/13 left knee x-rays demonstrated tricompartmental osteoarthritis and degenerative calcific quadriceps tendinosis. The 6/15/15 orthopedic report cited bilateral knee pain, left greater than right. Pain was associated with weakness, numbness, giving way, locking, and grinding. He reported constant difficulty with walking and use of a cane for ambulation. Symptoms were aggravated with bending, stooping, and kneeling. He was doing stretching and walking exercise at home. Left knee exam documented range of motion -2 to 110 degrees, tenderness to palpation, and 4/5 muscle strength. MRI on 6/2/12 showed thickening of the medial and lateral collateral ligaments compatible with inflammation. There was abnormality at the posterior horns of the medial and lateral menisci compatible with meniscal detachment, degeneration, and tear. The diagnosis included left knee internal derangement and lateral meniscus tear. The treatment plan recommended bilateral knee arthroscopy with chondroplasty and lateral meniscectomy. The 9/21/15 treating physician report cited persistent knee pain. Physical exam documented positive left medial joint line tenderness, 4/5 manual muscle testing, positive McMurray's, and range of motion -5 to 100 degrees. The diagnosis included left knee internal derangement and medial meniscus tear. The treatment plan requested authorization for a left knee scope and knee sleeve. Authorization was requested for left knee arthroscopy and left knee sleeve. The 9/29/15 utilization review non-certified the requests for left knee arthroscopy and left knee sleeve as there was no evidence of mechanical symptom, no current diagnostic imaging submitted for review, no current radiographic evidence of knee alignment or remaining joint space, and no evidence of recent physical therapy or injections.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left Knee Arthroscopy: Overturned

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

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: 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. Guideline criteria have been met. This injured worker presents with persistent left knee pain with associated giving way, locking, and grinding. There is significant functional limitation due to knee pain. Clinical exam findings are consistent with reported imaging evidence of meniscal tear. Evidence of long-term reasonable and/or comprehensive non-operative treatment protocol trial (including exercise, medications and activity modification) and failure has been submitted. Therefore, this request is medically necessary.

Left Knee Sleeve: Overturned

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

MAXIMUS guideline: Decision based on MTUS Knee Complaints 2004, Section(s): Activity Alteration. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg: Knee braces.

Decision rationale: The California MTUS guidelines state that a knee brace can be used for patellar instability, anterior cruciate ligament tear, or medial collateral ligament instability. In general, custom braces are not supported over pre-fabricated braces unless specific indications are met. The Official Disability Guidelines support the use of pre-fabricated braces for the following conditions: knee instability, ligament insufficiency/deficiency, reconstructed ligament, articular defect repair, avascular necrosis, meniscal cartilage repair, painful failed total knee arthroplasty, painful high tibial osteotomy, painful unicompartmental osteoarthritis, or tibial plateau fracture. Guideline criteria have been met. This injured worker has been certified for an arthroscopic meniscectomy. There is guideline support for the use of a knee brace for meniscal cartilage repair. The use of a knee sleeve in this case would be reasonable for pain control and stability. Therefore, this request is medically necessary.