

Case Number:	CM15-0206127		
Date Assigned:	10/22/2015	Date of Injury:	07/12/2015
Decision Date:	12/11/2015	UR Denial Date:	09/30/2015
Priority:	Standard	Application Received:	10/20/2015

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 48 year old male who sustained an industrial injury on 07-12-2015. According to a report dated 09-22-2015, the injury occurred when he stepped off a ladder and his knee buckled. He felt a sharp pain. He had no injection and no therapy. He "sensed" something was wrong with his knee. Physical examination of the right knee demonstrated full range of motion. He had some tenderness in the medial and lateral joint line. McMurray's test "is probably positive". Anterior and posterior drawer tests were negative. MRI of the right knee performed on 07-31-2015 demonstrated a horizontal or oblique tear through the inferior articular surface of the anterior horn of the lateral meniscus near the anterior root ligament and a small ganglion cyst seen in the Hoffa's fat pad extending along the anterior aspect of the anterior horn of the medial meniscus. There was no surfacing medial meniscal tear noted. There was diffuse full-thickness chondral loss along the lateral aspect of the patellofemoral compartment, moderate lateral patellar subluxation noted of the shallow trochlear groove and patella alta and elevated tibial tuberosity to the trochlear groove distance of 2.3 cm. Diagnoses included chondromalacia of patella right knee and torn lateral meniscus right knee. Treatment recommendations included arthroscopic evaluation of the knee with meniscectomy, chondroplasty and synovectomy and postoperative physical therapy. On 09-30-2015, Utilization Review non-certified the request for right knee arthroscopy, meniscectomy, chondroplasty, and synovectomy and associated surgical service: physical therapy 3 times per week for 4 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right knee Arthroscopy, Meniscectomy, Chondroplasty, and Synovectomy: Upheld

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

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

Decision rationale: The IW "sensed" something was wrong with his knee. Physical examination of the right knee demonstrated full range of motion. He had some tenderness in the medial and lateral joint line. McMurray's test "is probably positive". Anterior and posterior drawer tests were negative. MRI of the right knee performed on 07-31-2015 demonstrated a horizontal or oblique tear through the inferior articular surface of the anterior horn of the lateral meniscus near the anterior root ligament and a small ganglion cyst seen in the Hoffa's fat pad extending along the anterior aspect of the anterior horn of the medial meniscus. There was no surfacing medial meniscal tear noted. There was diffuse full-thickness chondral loss along the lateral aspect of the patellofemoral compartment. The documentation provided indicates that the injured worker has patellofemoral syndrome with loss of the articular cartilage in the patellofemoral joint. In addition there is a small tear in the lateral meniscus probably representing a degenerative process consistent with the findings in the patellofemoral joint. California MTUS guidelines indicate surgical considerations for cases in which there is clear evidence of a meniscus tear with symptoms other than simply pain such as locking, popping, giving way, recurrent effusion and clear signs of a bucket handle tear on examination with tenderness over the suspected tear but not over the entire joint line and consistent findings on the MRI. In this case the guidelines do not support the medical necessity for a meniscectomy. With regard to the request for chondroplasty, California MTUS guidelines indicate that patellar shaving has not been improved and its efficacy is questionable. ODG guidelines do not support a chondroplasty in the presence of chondromalacia. There is no chondral defect on imaging studies that would warrant such a procedure. Furthermore, there is no synovial hypertrophy documented on the MRI that would necessitate a synovectomy. As such, the request for surgery is not supported and the medical necessity of the request has not been substantiated.

Associated surgical service: Physical therapy 3 times per week for 4 weeks: 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.

