

Case Number:	CM15-0213913		
Date Assigned:	11/03/2015	Date of Injury:	08/19/2003
Decision Date:	12/23/2015	UR Denial Date:	10/01/2015
Priority:	Standard	Application Received:	10/30/2015

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 53 year old male, who sustained an industrial-work injury on 8-19-03. A review of the medical records indicates that the injured worker is undergoing treatment for internal derangement of the left knee. Treatment to date has included pain medication Vicodin and Norflex, bracing, diagnostics, cortisone knee injection, Hyalgan injections, activity modifications, and hot and cold wrap. Magnetic resonance imaging (MRI) of the left knee dated 12-9-14 reveals tear of the anterior horn of the lateral meniscus, Chondromalacia patellae, new since prior study, edema of the anterior cruciate ligament (ACL) without visible tear, and Other stable degenerative changes of the knee. Medical records dated 9-24-15 indicate that the injured worker complains of pain in the both knees but more in the left. There is instability and swelling in the left knee. Per the treating physician report dated 9-24-15, the injured worker continues to work full duties. The physical exam reveals tenderness along both knees, more on the left side with mild swelling present and tenderness along the joint line laterally greater than medially. The physician indicates that he recommends surgical intervention as the injured worker has failed conservative treatments such as (pain medication Vicodin and Norflex, bracing, cortisone knee injection (dates unknown), Hyalgan injections (dates unknown), activity modifications, and hot and cold wrap). The request for authorization date was 9-24-15 and requested service included one left knee arthroscopy and meniscectomy laterally with repair. The original Utilization review dated 10-1-15 non-certified the request for one left knee arthroscopy and meniscectomy laterally with repair.

IMR ISSUES, DECISIONS AND RATIONALES

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

One left knee arthroscopy and meniscectomy laterally with repair: Upheld

Claims Administrator guideline: Decision based on MTUS Knee Complaints 2004, Section(s): Surgical Considerations. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee & Leg (Acute & Chronic): Meniscectomy (2015).

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

Decision rationale: The injured worker is a 53-year-old male with a date of injury of 8/19/2003. The request is for arthroscopy and meniscectomy laterally with repair, left knee. Progress notes dated 9/24/2015 document low back and bilateral knee pain, left greater than right. He had started physical therapy and completed 1 session for his low back. However, there was no physical therapy requested for his knee. A hot and cold wrap and hinged unloading brace as well as custom bracing for the knee had previously been ordered. He was complaining of swelling and instability of the left knee. On physical examination, there was tenderness and mild swelling along the joint line, laterally greater than medially. The official MRI report pertaining to the left knee examination of 12/9/2014 is noted. The anterior horn of the lateral meniscus contained an abnormal branching signal, which had not significantly changed since the prior study of 2009. There was diminished volume and irregularity of the posterior horn of the medial meniscus consistent with a prior meniscectomy. This was unchanged compared to the prior study. The patellar cartilage was thin and irregular, new since the prior study. Cartilaginous thinning and narrowing of the tibiofemoral compartment was unchanged. Spurring of the distal femur and proximal tibia was unchanged. According to the progress notes, current treatment has included analgesics, bracing, and injections of corticosteroids and Viscosupplementation. No recent physical therapy is documented. The California MTUS guidelines indicate arthroscopic meniscectomy may not be equally beneficial for patients exhibiting signs of degenerative changes. In this case, the abnormal signal in the anterior horn of the lateral meniscus is unchanged since 2009 and obviously does not represent an unstable tear that would require a meniscectomy. The source of pain is fairly obvious as the patient has significant degenerative changes in the knee as described in the MRI report of 2014, a year ago. ODG guidelines do not recommend arthroscopic surgery in the presence of osteoarthritis unless there is a large loose body or a large unstable tear causing episodes of locking. Such is not the case here. Furthermore, a recent comprehensive exercise rehabilitation program has not been documented. In light of the foregoing, particularly in the presence of osteoarthritis, the arthroscopic procedure requested is not supported by guidelines and the medical necessity of the request has not been substantiated. Therefore, the request is not medically necessary.