

Case Number:	CM15-0219862		
Date Assigned:	11/12/2015	Date of Injury:	03/28/2014
Decision Date:	12/24/2015	UR Denial Date:	11/05/2015
Priority:	Standard	Application Received:	11/09/2015

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 63-year-old male who sustained an industrial injury on 3/28/14. The mechanism of injury was not documented. She underwent right knee arthroscopy with partial lateral meniscectomy, chondroplasty, and extensive synovectomy on 7/18/14. Post-operative treatment included physical therapy, home exercise program, and activity modifications. The 6/29/15 treating physician report cited persistent right knee discomfort with grinding and clicking that was painful. Physical exam documented moderate tenderness to palpation over the patella and joint lines with mild stiffness. Synvisc injections were requested and subsequently performed on 7/9/15, 7/16/15, and 7/23/15 with benefit documented. The 10/1/15 treating physician report indicated that right knee pain had returned. Physical exam documented trace patellofemoral crepitus, mild stiffness, and tenderness along the medial and lateral joint lines. MR arthrogram was recommended to assess for possible recurrent meniscus tear and to better evaluate the cartilage. The 10/21/15 right knee MR arthrogram revealed post debridement involving lateral meniscus without convincing evidence of a re-tear, and no evidence of a medial meniscus tear. There were arthritic changes in the lateral compartment involving weight bearing portions of lateral femoral condyle and tibial plateau. There was a focal area of full thickness articular cartilage loss involving the weight bearing portion of the lateral tibial plateau, approximately 2 mm in size. There was low grade chondromalacia patella and a popliteal cyst. The 10/29/15 treating physician report indicated the injured worker was seen in follow-up for her right knee to review imaging results. She was still having significant knee pain. Physical exam documented no effusion, trace patellofemoral crepitus, lateral joint line tenderness, and stability to ligamentous testing. MRI showed some fissuring and fibrillation

with chondromalacia changes involving the lateral compartment. There may be a small recurrent lateral meniscus tear. She was at modified duty status. Given her persistent pain and MRI findings, surgery was recommended. Authorization was requested for right knee arthroscopy with meniscectomy and chondroplasty. The 11/51/5 utilization review non-certified the right knee arthroscopy as there was no clear evidence of a meniscal tear or new chondromalacia finding or correlated exam findings to support the medical necessity of surgery.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Knee Arthroscopy Meniscectomy: Overturned

Claims Administrator guideline: Decision based on MTUS Knee Complaints 2004. Decision based on Non-MTUS Citation ODG.

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. Guideline criteria have been essentially met. This injured worker presents with persistent and function-limiting right knee pain status post arthroscopic surgery. She has been unable to return to full duty work. Records documented symptoms of painful clicking and grinding. Clinical exam findings are consistent with meniscal pathology which is not clearly evident on imaging. Detailed evidence of a recent, reasonable and/or comprehensive non-operative treatment protocol trial and failure has been submitted. There is plausible evidence for a recurrent lateral meniscus tear. Therefore, this request is medically necessary.

Chondroplasty: 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; Chondroplasty.

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. The Official Disability Guidelines criteria for chondroplasty include evidence of conservative

care (medication or physical therapy), plus joint pain and swelling, plus effusion or crepitus or limited range of motion, plus a chondral defect on MRI. Guideline criteria have been met. This injured worker presents with persistent and function-limiting right knee pain status post arthroscopic surgery. Records documented symptoms of painful clicking and grinding. Clinical exam findings are consistent with imaging evidence of a full thickness chondral defect on the weight bearing surface of the lateral tibial plateau. Detailed evidence of a recent, reasonable and/or comprehensive non-operative treatment protocol trial and failure has been submitted. Therefore, this request is medically necessary.