

Case Number:	CM15-0041482		
Date Assigned:	03/11/2015	Date of Injury:	01/19/2004
Decision Date:	04/15/2015	UR Denial Date:	01/26/2015
Priority:	Standard	Application Received:	03/04/2015

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:

The injured worker is a 68-year-old male who sustained an industrial injury on 1/19/04. He underwent right knee meniscectomy on 8/19/04 with known degenerative arthritis of the medial and patellofemoral compartments. The 4/18/14 bilateral knee x-ray report improvement documented bilateral tricompartmental degenerative changes, most advanced within the right patellofemoral joint, possible calcified intraarticular loose body on the right, and probable small joint effusion on the left. Records indicated that conservative treatment had included bracing, injections, anti-inflammatory medications, and activity modification. The 11/14/14 treating physician report cited grade 3-4/10 right knee pain that worsened with everyday use and lifting. Associated symptoms included buckling, weakness, and instability. Knee exam demonstrated bilateral laxity, positive medial and lateral McMurray's, and positive patellar grind and apprehension tests bilaterally. Various stress testing revealed grade II injury on the left. Imaging of the left knee demonstrated slight to mild joint effusion, thinned articular cartilage at the lateral facet, and suspected medial meniscus tear. The 1/9/15 treating physician report cited worsening grade 6/10 knee pain with decreased functional capacity. Knee exam was unchanged from 11/14/14. Updated MRI was requested. The 1/23/15 utilization review non-certified the request for left knee arthroscopy as there was an unknown extent of degenerative changes. The 1/28/15 left knee MRI impression documented prominent and progressive medial compartment degenerative joint disease, and large areas of complete articular cartilage loss over the medial femoral condyle and tibial plateau with diffuse underlying bone edema on both sides of the knee joint. There was a stable absence of the majority of the body plus proximal posterior and anterior

horns of the medial meniscus. There was a large anterior knee joint effusion, focal edema at the musculotendinous junction of the popliteus, and stable myxoid degenerative of the lateral meniscus. There was a 4 mm non-displaced chondral flap tear involving the peripheral margin, trochlear groove of the femur laterally. The 2/6/15 medical legal report documented review of the bilateral knee MRIs. Given the failure of conservative treatment, including multiple injections and medications, the most direct treatment would be bilateral total knee replacement.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left knee arthroscopy with meniscectomy and chondroplasty: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 344-345. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee Chapter, Indications for Surgery, Chondroplasty.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343-345. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg: Chondroplasty; Meniscectomy.

Decision rationale: The California MTUS guidelines state that arthroscopic partial meniscectomy may be highly successful in cases with clear evidence of a meniscus tear, symptoms other than pain, clear signs of a bucket handle tear on exam, and consistent findings on MRI. However, arthroscopy and meniscus surgery may not be equally beneficial for those patients who are exhibiting signs of degenerative changes. The Official Disability Guidelines (ODG) state that meniscectomy is not recommended for osteoarthritis (OA) in the absence of meniscal findings, or in older patients with degenerative tears until after a trial of PT/exercise. 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. The ODG state that chondroplasty is not recommended as a primary treatment for osteoarthritis. 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 not been met. This patient presents with significant findings of degenerative disease in the left knee with large areas of complete articular cartilage loss over weight bearing surfaces on both sides of the knee, and evidence of plausible degenerative meniscal tears. Given the level of degenerative change, guidelines would not support arthroscopic surgery. A total knee replacement has been subsequently recommended as the most direct treatment based on the degree of degenerative findings. Therefore, this request is not medically necessary.