

Case Number:	CM15-0050919		
Date Assigned:	03/24/2015	Date of Injury:	05/16/2014
Decision Date:	05/01/2015	UR Denial Date:	03/03/2015
Priority:	Standard	Application Received:	03/17/2015

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 59-year-old male who sustained an industrial fall injury on May 16, 2014. The injured worker was diagnosed with contusions of the left chest wall and hand, sprain/strain of left wrist, and sprain/strain of right knee and leg. Treatment to date has included hot/cold packs, physical therapy, and paraffin bath to left hand, electric stimulation therapy, and myofascial release and ultrasound therapy. A magnetic resonance imaging (MRI) of the right knee was performed on October 17, 2014 demonstrating a degenerative medial meniscus tear and grade 2/3 chondromalacia of the medial compartment. According to the primary treating physician's progress report on February 9, 2015, the patient continues to experience right knee pain aggravated with climbing and descending stairs and prolonged sitting or driving. Heat, rest and medications alleviate the pain. Examination of the right knee demonstrated swelling and medial tenderness with decreased range of motion. Current medications are listed as Motrin and Prilosec. Treatment plan consists of the request for arthroscopic right knee surgical intervention. Utilization review noncertified the request for arthroscopy noting absence of a recent comprehensive non-operative treatment program with trial and failure.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right knee arthroscopy: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines-Treatment in Workers' Compensation (ODG-TWC) Knee & Leg Chapter (Acute & Chronic).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343, 344, 345. Decision based on Non-MTUS Citation ODG: Section: Knee, Topic: Meniscectomy.

Decision rationale: California MTUS guidelines indicate surgical considerations in 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. Arthroscopic partial meniscectomy usually has a high success rate for cases in which there is clear evidence of a meniscal tear. However, arthroscopy and meniscus surgery may not be equally beneficial for those patients who are exhibiting signs of degenerative changes. ODG guidelines indicate that the advantage of most surgery to treat meniscus tears appears to be limited to short-term relief of pain and mechanical catching but not prevention of eventual osteoarthritis. The benefit of surgery for atraumatic tears or in the presence of significant osteoarthritis drops off significantly and may even be harmful, further accelerating the progression of osteoarthritis. The injured worker has evidence of grade 2/3 chondromalacia of the medial compartment with a degenerative tear of the medial meniscus. Mechanical symptoms are not documented. He has not received formal physical therapy for his knee. Corticosteroid injections are not documented. As such, in the absence of a comprehensive nonoperative treatment program with exercises and corticosteroid injections with trial and failure, the request for arthroscopy is not supported and the medical necessity of the request has not been substantiated and is not medically necessary.