

Case Number:	CM15-0051028		
Date Assigned:	03/24/2015	Date of Injury:	05/18/2013
Decision Date:	05/04/2015	UR Denial Date:	03/10/2015
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 52 year old female who sustained an industrial injury on 5/18/13. The mechanism of injury was not identified. She currently complains of neck pain with radicular symptoms; bilateral low back pain with radiation and burning, stabbing sensation down both legs; bilateral knee pain; right sided body weakness. Medications are Norco, Flexaril and gabapentin. Diagnoses include cervical strain, rule out disc disease; left elbow fracture; peripheral nerve impingement syndrome, bilateral upper extremities; thoracic strain, rule out disc disease; lumbar disc disease, status post L4-5 fusion (12/13); right hip pain following bone graft; bilateral knee medial meniscal tears. Treatments to date include bone stimulator; physical therapy for cervical, thoracic and low back with functional improvement noted, right knee cortisone injection (2/4/15) with no improvement. Diagnostics include lumbar spine x-rays; MRI lumbar spine (1/7/15); brain MRI (8/20/14); electromyography/ nerve conduction study (11/18/14) abnormal; MRI right and left knees (7/29/14) abnormal; MRI thoracic spine (7/29/14) abnormal. In the progress note dated 11/3/14 the treating providers plan of care included arthroscopic surgery for torn menisci bilateral knees. In the progress note dated 3/4/15 the treating providers plan of care indicates denial of request for arthroscopic surgery of knee and requests right knee arthroscopy based on the injured worker receiving right knee cortisone injection without effect, ongoing pain and instability of the right knee, MRI evidence of meniscal tearing and positive physical exam findings. In addition, injection of the left knee was requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Knee Arthroscopy with Meniscectomy: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343-345. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment Index, 11th Edition (web) 2014, Knee & Leg/ Meniscectomy, Indications for Surgery a - meniscectomy.

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: The independent medical review pertains to a utilization review denial date of 3/10/2015. The request was for "knee arthroscopy with meniscectomy." An explanation by the provider indicates that the request pertained to the right knee. The injured worker is a 52-year-old female with a date of injury of 5/18/2013. In addition to cervical and lumbar radiculopathy and sensory peripheral neuropathy she has been diagnosed with bilateral medial meniscal tears and tricompartmental osteoarthritis. The provider refers to a QME report dated 7/1/2014 which indicates the following diagnoses: Cervical strain, rule out disc disease, left elbow fracture, peripheral nerve entrapment syndrome, bilateral upper extremities, thoracic strain, rule out disc, lumbar disc disease status post L4-5 fusion (December 2013), right hip pain following bone graft, bilateral knee chondromalacia, rule out internal derangement. The provider's report dated December 8, 2014 indicates continuing knee pain, bilateral, with bilateral medial meniscal tears. A follow-up report dated December 23, 2014 documents continuing bilateral knee pain and instability. The range of motion of the right knee was 0-120 degrees and the left knee 0-120 degrees. Patellar tenderness was positive bilaterally. Medial and lateral joint line tenderness was present bilaterally. McMurray was positive bilaterally. In testing for ligamentous instability including the anterior drawer, posterior drawer, Lachman were all negative bilaterally. The official MRI report is not included with the medical records. A right knee arthroscopy and EMG and nerve conduction studies of the right lower extremity were requested. The electrodiagnostic study revealed evidence of right L5 radiculopathy with a superimposed distal sensory peripheral neuropathy affecting both lower extremities, right more than left. A progress report dated February 4, 2015 indicates the MRI of the right knee from 7/29/2014 revealed "longitudinal horizontal oblique tearing of the posterior horn of the medial meniscus, violating the inferior meniscal surface. Tricompartmental articular cartilage loss, most pronounced within the medial femorotibial and patellofemoral compartments. Small popliteal cyst." MRI of the left knee from 7/29/14 revealed "longitudinal horizontal oblique tearing of the body and posterior horn of the medial meniscus, violating the inferior meniscal surface, tricompartmental articular cartilage loss, most pronounced within the medial femorotibial and patellofemoral compartments. Mild lateral patellar subluxation and tilt with mild femoral trochlear dysplasia. Very small popliteal cyst." The degenerative tears are usually horizontal and involved the body and posterior horn of the medial meniscus as a manifestation of the degenerative process within the joint. A corticosteroid injection was given into the right knee. A subsequent report of March 6, 2015 indicates no improvement from the cortisone injection. Interestingly, the reported radiculopathy is also on the right side. Therefore, the lack of improvement with the corticosteroid injection indicates that some of the pain may be radicular

in nature. Usually an individual with evidence of tricompartmental chondromalacia and knee pain would improve after a corticosteroid injection even in the presence of a degenerative tear of the medial meniscus. The MRI findings were similar on both sides indicating a degenerative process. Standing films are likely to be of benefit to determine the degree of narrowing of the medial joint space and subsequent evaluation for a total knee arthroplasty when indicated. 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. This refers to a traumatic tear such as a flap tear, bucket handle tear or radial tear. The same guidelines go on to state: "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 a traumatic tears or in the presence of significant osteoarthritis drops off significantly and may even be harmful, further accelerating the progression of osteoarthritis. ODG guidelines do not support meniscectomy for degenerative tears until after a trial of a comprehensive physical therapy program. As such, the request for arthroscopy and meniscectomy as stated is not supported by guidelines, and the medical necessity of the request has not been substantiated. Therefore, the request is not medically necessary.