MAXIMUS Federal Services

Case Number:	CM15-0056429		
Date Assigned:	04/01/2015	Date of Injury:	09/10/2014
Decision Date:	05/05/2015	UR Denial Date:	03/17/2015
Priority:	Standard	Application Received:	03/24/2015

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 52-year-old female who sustained an industrial injury on 9/10/14. Injury occurred when she was walking and slipped on a piece of cheese and fell on her knee and elbow. The 10/21/14 left knee MRI impression documented a discoid lateral meniscus with a small focal non-displaced undersurface flap tear of the posterior horn. There was degenerative free-edge fraying of the posterior horn of the medial meniscus, but no medial meniscus tear. There was mild to moderate patellofemoral compartment arthrosis with no reactive bone marrow edema. There was mild medial compartment arthrosis with minimal reactive bone marrow edema. There was moderate-sized knee effusion with mild synovitis and debris and a small popliteal cyst. Findings documented grade 2 to 3 chondromalacia of the lateral patella facet and grade 2 chondromalacia of the medial patella facet. The 12/8/14 treating physician report cited improvement following a knee joint injection on 10/28/14. She had attended physical therapy and was doing a home exercise program, using ice, and taking anti-inflammatory medication. She was working regular duty as an instructional aide. There was continued pain inferior to the left patella and medially of a tightness character, grade 3/10. Pain was worse with walking, negotiating stairs, squatting, kneeling, and with knee flexion. Pain was improved with rest, ice, and anti-inflammatories. She also reported on-going left lateral knee swelling, and catching in the morning and when she extended the knee. Physical exam documented mild restriction and pain in knee flexion and full painless extension. There was left knee tenderness over the medial greater than lateral joint lines and tibial tubercle. There was normal lower extremity strength and tone and normal gait. McMurray's was deferred. Instability tests were negative. The diagnosis

was left lateral meniscus tear and left knee arthritis. Continued conservative treatment with physical therapy, home exercise, ice, and Naprosyn was recommended. The 1/8/15 left knee x-rays showed minimal patellar and medial intercondylar spurring and no acute osseous abnormality or joint effusion. The 3/12/15 orthopedic report cited persistent left knee pain. She was still working despite pain because she did not want to miss work. Physical exam documented left knee motion 0-105 degrees with slight tenderness to palpation at the medial and lateral joint lines. Symptoms had been persistent for 5 month. Conservative treatment included physical therapy and injection with insufficient benefit. She continued to have severe pain despite medications, activity modifications, physical therapy, knee brace and injections. Authorization was requested for left arthroscopy relative to a diagnosis of lateral meniscus tear and osteoarthritis. The 3/17/15 utilization review non-certified the request for left knee arthroscopy as there were no MRI findings correlated with exam and symptoms 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:

Left knee arthroscopy, per 01/08/15 order Qty: 1.00: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee & Leg.

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: 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. The Official Disability Guidelines 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. Guideline criteria have been met. The injured worker has persistent left knee pain with a history of mechanical symptoms and persistent functional difficulty. Clinical exam has documented loss of range of motion and medial and lateral joint line tenderness. There is imaging evidence of meniscal pathology and chondromalacia. 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.