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| Case Number: | CM15-0060710 | | |
| Date Assigned: | 04/06/2015 | Date of Injury: | 08/17/2013 |
| Decision Date: | 05/19/2015 | UR Denial Date: | 03/21/2015 |
| Priority: | Standard | Application Received: | 03/30/2015 |

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 53 year old female who sustained an industrial injury on 08/17/13.. Treatments to date have included medications, injections in the left knee, and left knee surgery in 2010 and 2013. Diagnostic studies include 2 MRIs and x-rays of the left knee. Current complaints include bilateral knee pain due to chondromalacia and bilateral medial meniscal tears. In a progress note dated 03/09/15 the treating provider reports the plan of care as bilateral knee arthroscopy although documentation indicates that she did not improve after the last surgery on the left knee. The requested treatment is left knee arthroscopic partial medial meniscectomy and loose body removal. This was noncertified by utilization review as a recent comprehensive rehabilitation program with trial/failure was not documented. CA MTUS and ODG guidelines were cited. The decision is now appealed to an independent medical review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left knee Meniscectomy and loose body removal: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee & Leg Chapter.

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

Decision rationale: The primary treating physician's permanent and stationary report dated September 15, 2014 indicates that the injured worker is a 53-year-old female with a date of injury of 8/17/2013. She developed left knee pain and swelling. An MRI scan of 9/6/2013 demonstrated a flap tear of the medial meniscus, 1.3 cm loose body, and chondromalacia of the trochlear groove. She was referred for orthopedic evaluation on 10/14/2013 and diagnosed with medial compartment osteoarthritis, loose body, and patellofemoral pain syndrome. On 11/8/2013 she underwent arthroscopic partial medial meniscectomy and chondroplasty of trochlea and medial femoral condyle. Postoperatively she was referred to physical therapy. Her range of motion and strength improved very slowly. She continued to have knee pain and swelling. She was treated with several knee aspirations and corticosteroid injections which gave her temporary pain relief. Her progress plateaued. X-rays of the left knee demonstrated mild medial joint space narrowing on the flexion/weight bearing view at that time.. The diagnosis was status post left medial meniscectomy and chondroplasty of trochlea and medial femoral condyle and obesity. On October 22, 2014 she continued to complain of medial knee pain aggravated by weight bearing. She was walking with a limp and had a small effusion. There was patellofemoral tenderness. The knee was injected with corticosteroids. On February 13, 2015 she underwent a repeat MRI scan of the left knee. This revealed chondromalacia of the medial femoral condyle said to be low to intermediate grade. There was also chondromalacia of the patellofemoral joint. A complex flap tear of the medial meniscus was noted which was also present on the previous MRI scan but appeared larger. There was an approximately 1 cm osteochondral lesion along the posterior joint line adjacent to the root attachment of the medial meniscus which was diminished in size since the previous exam. The prior knee MRI was from 9/6/2013 and surgery had been performed on 11/8/2013. On March 9, 2015 she was complaining of bilateral knee pain with the right knee being worse laterally than medially. She reported slight improvement in pain after losing 20 pounds. The left knee pain was worse medially than laterally. There was occasional catching and locking. On examination the left knee had a small effusion and patellofemoral tenderness with a positive McMurray. The right knee examination revealed a small effusion, range of motion of 0-130°; and medial joint line tenderness with positive McMurray. Bilateral knee arthroscopies were discussed. A supplemental AME report of 1/23/2015 also makes reference to another surgery on the left knee in the year 2010. The injured worker has evidence of degenerative arthritis in the medial compartment and patellofemoral joint of the left knee associated with a chronic flap tear of the medial meniscus which was also present prior to the surgery of 11/8/2013. The degenerative arthritis is a probable consequence of her excessive body weight and is bilateral. Her last surgical procedure of 11/8/2013 was associated with slow recovery and need for prolonged physical therapy and request for visco supplementation injections. The documentation indicates that she did not get better after the surgery. The obvious reason was the presence of chondromalacia which was documented by the surgeon. The small loose body was also present at that time although it was hidden behind the medial femoral condyle at the edge of the tibial plateau. This has subsequently shrunk in size and is not moving about. She also received corticosteroid injections to reduce her pain and swelling. California MTUS guidelines indicate surgical consultation 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. Arthroscopy and meniscus surgery may not be equally beneficial for those patients who are exhibiting signs of degenerative changes. The guidelines also do not recommend surgery for patellofemoral syndrome. ODG guidelines do not recommend arthroscopic debridement and meniscus surgery for degenerative medial meniscus tears. The available documentation does not indicate a recent comprehensive rehabilitation program for the left knee. In light of the foregoing, the request for arthroscopy with partial medial meniscectomy and removal of loose body is not supported and the medical necessity of the request has not been substantiated. Therefore, the requested medical treatment is not medically necessary.