

Case Number:	CM15-0097680		
Date Assigned:	05/28/2015	Date of Injury:	04/21/2010
Decision Date:	11/20/2015	UR Denial Date:	05/19/2015
Priority:	Standard	Application Received:	05/20/2015

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 62 year old female, who sustained an industrial injury on 4-21-10. The injured worker was diagnosed as having right knee internal derangement with medial meniscus tear. Medical records (2-2-15 through 4-7-15) indicated 7-10 out of 10 pain. The treating physician noted that the injured worker has previously tried physical therapy and intraarticular injections. The physical exam (2-2-15 through 4-3-15) revealed antalgic gait, medial joint line tenderness, a positive McMurray's sign and weakness with right knee flexion and extension secondary to pain. As of the PR2 dated 4-10-15, the injured worker reports right knee pain. She rates her pain 7 out of 10. Objective findings include right knee flexion 110 degrees and extension 0-10 degrees and tenderness to palpation of the anterior and posterior knee. Treatment to date has included individual psychotherapy, a right knee MRI on 1-19-15 showing thinned cartilage of the medial femoral condyle and medial tibial plateau, Flexeril, Tramadol and topical cream. The treating physician requested a right knee arthroscopy with partial meniscectomy and debridement. The Utilization Review dated 5-19-15, non-certified the request for a right knee arthroscopy with partial meniscectomy and debridement.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right knee arthroscopy with partial meniscectomy and debridement: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines Knee & Leg (Acute & Chronic) (updated 5/05/2015).

MAXIMUS guideline: Decision based on MTUS Knee Complaints 2004, Section(s): Surgical Considerations.

Decision rationale: The injured worker is a 62-year-old female with a date of injury of 4/21/2010. There is a history of diabetes mellitus and obesity. Examination of the right knee on 2/2/2015 revealed relatively high pain levels with swelling, popping and clicking. Arthroscopy has been requested with partial meniscectomy and debridement. Examination findings revealed degenerative changes with crepitance, patellofemoral grind and medial tenderness. The MRI report pertaining to the right knee dated 1/19/2015 indicates thinning of the articular cartilage of the medial femoral condyle and medial tibial plateau with narrowing of the medial compartment joint space. There was a linear increased signal in the posterior horn of the medial meniscus which likely reflects internal degeneration. There was grade 1 sprain of the medial collateral ligament. The lateral compartment was intact. The patellofemoral compartment revealed a subchondral cyst in the posterior lateral aspect of the patella. California MTUS guidelines indicate a high success rate when there is a clear evidence of meniscus tear. However, arthroscopy and meniscus surgery may not be equally beneficial for those patients who are exhibiting signs of degenerative changes. The guidelines also do not support arthroscopy for patellofemoral syndrome. In this case, the MRI did not show a definite meniscal tear but did show narrowing of the medial joint space and thinning of the articular cartilage of the medial femoral condyle and medial tibial plateau consistent with chondromalacia. The linear signal in the posterior horn of the medial meniscus also represented a likely degenerative change per radiology report. As such, the guidelines do not support arthroscopic surgery and the request is not medically necessary and has not been substantiated.