

Case Number:	CM15-0239956		
Date Assigned:	12/17/2015	Date of Injury:	12/23/2013
Decision Date:	01/25/2016	UR Denial Date:	11/10/2015
Priority:	Standard	Application Received:	12/08/2015

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:

This injured worker is a 51-year-old male who sustained an industrial injury on 12/23/13. Injury occurred relative to a fall from the top of a 12-foot ladder. He sustained multiple injuries including a closed head injury, open left olecranon and right tibia fractures, and a complex right chest laceration. He underwent right shoulder arthroscopy with acromioplasty and attempted full thickness rotator cuff repair. Past medical history was positive for diabetes. The 5/28/15 right knee MRI impression documented moderate to severe degenerative arthritis right knee, tear and degeneration of the lateral meniscus, complex tear of the medial meniscus, moderately severe femoropatella chondromalacia, and 15 mm enchondroma in the distal right femur. Conservative treatment included physical therapy, medications, and activity modification. The 7/20/15 orthopedic report indicated that surgical authorization was pending. The injured worker had continued right knee pain with locking, giving way, and instability. He had difficulty with walking, standing, sitting, and ascending/descending stairs. Physical exam documented antalgic gait. Right knee exam documented mild effusion, patellar crepitus on flexion and extension, medial and lateral joint line tenderness, and positive McMurray's. The treatment plan recommended physical therapy for the right knee in light of the delayed surgery. Surgery was recommended to include right knee arthroscopy with chondroplasty and partial meniscectomy. The 10/27/15 treating physician report cited complaints of bilateral knee pain, right greater than left. Knee pain was grade 10/10 without medications and grade 4/10 with medications. Multiple other complaints were noted including radicular neck, shoulders, elbows, and radicular low back pain. Functional difficulty was documented in activities of daily living. He had not returned to

work. X-rays of the bilateral knees were performed and showed 2 mm left and 3 mm right medial joint space with bone-on-bone medial patellofemoral joint of the right knee. Bilateral knee exam documented mild effusion, medial and lateral joint line tenderness to palpation, mild patella crepitation, positive left McMurray's test, negative Lachman's bilaterally, and both knees were stable to varus and valgus stress. The treatment plan recommended a right knee arthroscopy with medial and lateral meniscectomies. Although there was bone-on-bone patellofemoral joint degenerative joint disease, which would not be fixed with surgery, he was too young for a total knee arthroplasty without first pursuing less invasive measures. Authorization was requested for right knee arthroscopy with medial and lateral meniscectomies. The 11/10/15 utilization review non-certified the request for right knee surgery as the injured worker had exam and imaging findings consistent with osteoarthritis, and no significant mechanical symptoms on history consistent with meniscal pathology.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right knee arthroscopy with medial and lateral meniscectomies: Overturned

Claims Administrator guideline: Decision based on MTUS Knee Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee and Leg Chapter.

MAXIMUS guideline: Decision based on MTUS Knee Complaints 2004, Section(s): Surgical Considerations. 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. Meniscectomy is not recommended for osteoarthritis (OA) in the absence of meniscal findings, or in older patients with degenerative tears until after a trial of PT/exercise. Guideline criteria have been met. This injured worker presents with persistent right knee pain with mechanical symptoms, including locking and giving way. Clinical exam findings are consistent with imaging evidence of medial and lateral meniscus tears. There is significant functional difficulty documented in weight bearing activity. Evidence of a recent, reasonable and/or comprehensive non-operative treatment protocol trial and failure has been submitted. Therefore, this request is medically necessary.