

Case Number:	CM13-0030569		
Date Assigned:	11/27/2013	Date of Injury:	10/23/2007
Decision Date:	01/24/2014	UR Denial Date:	09/19/2013
Priority:	Standard	Application Received:	09/30/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Orthopedic Surgery, and is licensed to practice in Pennsylvania. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 records indicate that this 54-year-old claimant injured her left knee on 10/23/07. She reported mechanical symptoms and was noted to have a positive McMurray Test. However, a prior review dated 6/13/13 indicated that radiographs for the claimant showed "end stage" degenerative changes. A meniscus tear would be expected in the presence of end stage degenerative disease. Office notes suggest that the claimant does, in fact, have a medial meniscus tear as expected.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left knee arthroscopy with meniscectomy: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 344-345.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343-345.

Decision rationale: Patients with mild or moderate arthritic change and a meniscus tear are often good candidates for arthroscopic partial meniscectomy and debridement. However, patients with end stage arthritis would not be expected to improve with an arthroscopic surgical procedure. In essence, treatment of the meniscal pathology involves removal of the torn meniscus which places

increased stress on the severely arthritic articular cartilage. In patients with end stage arthritis, they often have more pain following the operation. For this reason, arthroscopic surgery for the treatment of meniscal pathology is generally contraindicated in the presence of severe end stage arthritis. California MTUS Guidelines specifically indicate that arthroscopy and meniscus surgery may not be equally beneficial for those patients who are exhibiting signs of degenerative changes.