

Case Number:	CM14-0121478		
Date Assigned:	09/25/2014	Date of Injury:	01/05/2010
Decision Date:	10/27/2014	UR Denial Date:	07/07/2014
Priority:	Standard	Application Received:	08/01/2014

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. The expert reviewer is Board Certified in Orthopedic Surgery and is licensed to practice in Texas. 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/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 injured worker is a 54-year-old male who sustained an industrial injury on 1/5/10. Injury occurred while he was lifting stucco sacks. Past surgical history was positive for right total knee replacement on 4/6/07 with persistent symptoms related to a sense of looseness. The 3/4/11 left knee resonance imaging scan impression documented advanced osteoarthritis involving particularly the patellofemoral compartment, medial and probable lateral meniscus tear, and probable intra-articular loose body or bodies. The 6/3/14 treating physician report indicated that the worker was last seen in 2012 but further treatment was delayed pending acceptance of the knee. The injured worker had been diagnosed with moderate degenerative arthritis, loose bodies, medial meniscus tear and surgery had previously been recommended. Left knee exam documented tight lateral retinaculum, 2+ effusion, diffuse tenderness, stable ligaments, and range of motion 0-125 degrees. Fluoroscopic images showed well-maintained femorotibial joint space but significant marginal osteophytes, bone-on-bone degenerative change in the patellofemoral compartment, and lateral facet osteophyte with overhang. The treating physician indicated that in view of the injured worker's age, the plan was to hold off on total knee replacement and proceed with arthroscopic surgery. A request was submitted for left knee arthroscopy with chondroplasty, debridement, removal loose bodies, partial meniscectomy, possible lateral facetectomy, and possible retinacular release. The 7/7/14 utilization review denied the request for left knee surgery as there was no documentation of mechanical symptoms or details of conservative treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left knee arthroscopy with chondroplasty, debridement, removal loose bodies, partial meniscectomy, possible lateral facetectomy, and possible retinacular release.: Upheld

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 Chapter

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints
Page(s): 343-345, 347.

Decision rationale: The Chronic Pain Medical Treatment Guidelines state that arthroscopic partial meniscectomy may be highly successful in cases with clear evidence of a meniscus tear; symptoms other than pain, clear signs of a bucket handle tear on exam, and consistent findings on magnetic resonance imaging scan. 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 magnetic resonance imaging scan. Criteria for chondroplasty include evidence of conservative care (medication or physical therapy), plus joint pain and swelling, plus effusion or crepitus or limited range of motion, plus a chondral defect on magnetic resonance imaging scan. Loose body removal surgery is recommended where symptoms are noted consistent with a loose body, after failure of conservative treatment. Guideline criteria have not been met. Evidence of a recent, reasonable and/or comprehensive non-operative treatment protocol trial, within the past 18 months, and failure has not been submitted. There is no documentation of mechanical symptoms other than pain in the available records. Therefore, this request is not medically necessary.