

Case Number:	CM14-0125703		
Date Assigned:	09/16/2014	Date of Injury:	06/16/2005
Decision Date:	10/30/2014	UR Denial Date:	07/25/2014
Priority:	Standard	Application Received:	08/08/2014

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, has a subspecialty in Sports Medicine and is licensed to practice in California. 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 60-year-old female who reported an injury on 06/16/2005 while working in a shipping department boxes fell on her and struck her in the shoulder, neck, and head. Diagnoses were right knee arthritis, right knee recurrent medial meniscectomies. Past treatments were injections to the right knee that relieved the pain for 80% for a short duration of time. Past surgery was right knee surgery. MRI of right knee revealed that the injured worker had undergone partial meniscectomy at both the medial and lateral menisci and cartilage resurfacing at the level of the patella. At the mid body of the medial meniscus, there appeared to be residual or recurrent bucket-handle tear. Increased signal intensity was identified within the central substance of the posterior horn of the medial meniscus without clear evidence for meniscal tear. Examination of the right knee on revealed noticeable swelling, most pronounced at the area of the prepatellar region. The pain was with direct palpation at the prepatellar region, medial joint line and with patellofemoral compression. There was also a knee effusion, approximately 1+, pain with direct palpation at the medial and the lateral joint lines; range of motion was 0 to 135 degrees with pain. There was a positive bounce home test, positive McMurray's and a negative anterior drawer, negative posterior drawer. No excessive varus or valgus instability. Treatment plan was for right knee arthroscopy with medial meniscectomy versus repair of the bucket handle tear. The rationale and Request for Authorization were not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Knee Arthroscopy with Medical Meniscus Repair vs Meniscectomy 29882: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines: Indications for Surgery - Meniscectomy

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Knee Complaints, Surgical Considerations, Page(s): 343-345.

Decision rationale: The decision for right knee arthroscopy with medical meniscus repair versus meniscectomy 29882 is not medically necessary. The California MTUS/ACOEM Guidelines state that arthroscopic partial meniscectomy usually has a high success rate for cases in which there is clear evidence of a meniscus tear, symptoms other than simply (locking, popping, giving way, recurrent effusion), clear signs of a bucket handle tear on examination (tenderness over the suspected tear but not over the entire joint line, and perhaps lack of full passive flexion), and consistent findings on MRI. However, patients suspected of having meniscal tears, but without progressive or severe activity limitation, can be encouraged to live with symptoms to retain the protective effect of the meniscus. If symptoms are lessening, conservative methods can maximize healing. In patients younger than 35, arthroscopic meniscal repair can preserve meniscal function, although the recovery time is longer compared to partial meniscectomy. Arthroscopy and meniscus surgery may not be equally beneficial for those patients who are exhibiting signs of degenerative changes. The injured worker had noticeable swelling, pain with palpation at the prepatellar region, medial joint line and with patellofemoral compression. There was knee effusion and +1 pain with direct palpation on the medial and lateral joint lines. The MRI revealed what appeared to be a residual or recurrent bucket-handle tear. It was not reported that the injured worker had tried physical therapy recently or was having instability of the knee. It was not reported that the pain or symptoms were getting worse. No reports of locking, popping or giving way were documented. The clinical information submitted for review does not provide evidence to justify right knee arthroscopy with medical meniscus repair. Therefore, this request is not medically necessary.