

Case Number:	CM14-0133768		
Date Assigned:	08/27/2014	Date of Injury:	12/14/1995
Decision Date:	09/22/2014	UR Denial Date:	07/24/2014
Priority:	Standard	Application Received:	08/18/2014

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 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:

This 75-year-old male sustained an industrial injury on 12/14/95. Injury occurred when he fell off a tailgate onto a metal container while moving furniture. Past medical history was positive for lumbar spondylosis with severe stenosis L2-L5. The 7/2/14 treating physician report cited increasing bilateral knee pain. The patient fell on 6/26/14 and went to the emergency department. The 6/26/14 left knee MRI demonstrated a complex lateral meniscus tear with displacement. There was tricompartmental cartilage loss, with mild osteoarthritic changes in the medial and patellofemoral compartments. There was large joint effusion and moderate sized partially ruptured Baker cyst. Physical exam documented 2+ effusion with crepitus through range of motion and positive McMurray's bilaterally. The patient was ambulating with crutches and a bilateral antalgic gait. The diagnosis was bilateral knee internal derangement with arthritis. The treatment plan requested bilateral arthroscopic surgery initially for the right knee. The patient may ultimately be a candidate for knee replacements, but because of internal derangement and absence of bone-on-bone, arthroscopies were indicated first. The 7/24/14 utilization review denied the request for bilateral knee surgeries based on failure to meet guideline criteria relative to detailed conservative treatment, symptoms other than pain, and absent formal imaging reports. The 8/6/14 treating physician report cited grade 9/10 right knee and grade 6/10 left knee pain. The patient complained of recent falls as a result of his knees "giving out". Physical exam documented bilateral knee tenderness, crepitus with range of motion, and difficulty rising from a seated position. The diagnosis included meniscus tear right knee with degenerative arthritis. Reconsideration was requested for bilateral knee arthroscopy in a staged fashion, right followed by left. The bilateral knee condition remained refractory to extensive conservative treatment to date. Additional requests were noted for a right hinged knee brace and a peddler.

IMR ISSUES, DECISIONS AND RATIONALES

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

STAGED BILATERAL KNEE ARTHROSCOPIC SURGERIES - RIGHT KNEE FIRST THEN LEFT: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343-345. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg, Meniscectomy.

Decision rationale: The California MTUS guidelines support arthroscopic partial meniscectomy for cases in which there is clear evidence of a meniscus tear including symptoms other than simply pain, 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. Guideline criteria have not been met. There is no documentation of imaging findings relative to the right knee. There is no detailed documentation that recent comprehensive pharmacologic and non-pharmacologic conservative treatment had been tried and failed. Therefore, this request is not medically necessary.