

<b>Case Number:</b>	CM14-0217883		
<b>Date Assigned:</b>	01/07/2015	<b>Date of Injury:</b>	10/24/2012
<b>Decision Date:</b>	03/10/2015	<b>UR Denial Date:</b>	12/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/29/2014

### 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. 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: Minnesota, Florida  
 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:

The injured worker sustained a work related injury on October 24, 2012, striking the right knee against the edge of a step, with the right knee, right hand, and lower back noted accepted body parts by the carrier. The injured worker was noted to have undergone prior arthroscopy for partial medial meniscectomy and chondroplasty. A copy of the surgical report was not included in the documentation provided. The injured worker's conservative treatments were noted to have included right knee Orthovisc injections, physical therapy, a home exercise program, bracing, and oral and topical medications. Bilateral knee x-rays dated July 24, 2014, were noted to show mild to moderate osteoarthritis of both knee joints worse on the right, mild degenerative changes of the right patella, and mild soft tissue swelling and joint effusion on the right. An Orthopedic consultation dated November 4, 2014, noted the injured worker with right knee pain, especially with prolonged walking, and a buckling sensation and pain with squatting, kneeling, and climbing. The Physician's impressions were a right knee medial meniscus tear, status post right knee arthroscopic partial meniscectomy October 20, 2013, and prior left knee arthroscopy 1997. A long standing x-ray dated November 19, 2014, was noted to show a mild leg length discrepancy, total left leg length is 1cm longer than the right due to a combination of a slightly longer femur and tibia. An Orthopedic visit note dated November 25, 2014, recommended the injured worker undergo a medial meniscal allograft due to the intact articular surfaces with good alignment of the tibiofemoral joint. The Primary Treating Physician's report dated December 9, 2014, noted the injured worker with continued right knee pain and swelling, with complaints of worsening left knee pain. Physical examination was noted to show tenderness to palpation of the

right knee medial joint line, with crepitus noted. The Physician requested authorization for a right knee medial meniscus with transplantation and an assistant surgeon. On December 18, 2014, Utilization Review evaluated the request for a right knee medial meniscus with transplantation and an assistant surgeon, citing the Official Disability Guidelines (ODG), Indications for Surgery, and <http://www.cms.gov/apps/physician-fee-schedule/overview.aspx>. The UR Physician noted that the guideline criteria had not been met. The UR Physician noted that updated imaging studies were not provided, the Orthopedic Surgeon's follow up was not provided, and evidence of weeks-months of recent, reasonable and or comprehensive non-operative treatment protocol trial and failure had not been submitted. The UR Physician noted that the request for a right knee medial meniscus with transplantation and an assistant surgeon was not medically reasonable and necessary at the time, and was denied. The decision was subsequently appealed to Independent Medical Review.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Right knee medial meniscus with transplantation:** 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), Indications for Surgery Chapter, Meniscal Allograft Transplantation Section

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Section: Knee, Topic: Meniscal Allograft Transplantation

**Decision rationale:** California MTUS guidelines do not address this issue. ODG guidelines recommend meniscal allograft transplantation after documented conservative care including physical therapy or nonsteroidal anti-inflammatory drugs or activity modification plus subjective clinical findings plus objective clinical findings of removal of two thirds of the meniscus and if debridement was performed it must produce an articular surface sufficiently free of irregularities to maintain the integrity of the transplanted meniscus and stable knee with intact ligaments, normal alignment, and normal joint space and ideal age 22-45 years and body mass index of less than 35 plus imaging clinical findings of chondrosis classified as grade 1, grade 2, or grade 3. ODG exclusion criteria for meniscal allograft transplantation include mild to severe localized or diffuse arthritic condition that appears on standing x-ray as joint space narrowing, osteophytes, or changes in the underlying bone. X-rays of both knees obtained on July 24, 2014 revealed mild to moderate osteoarthritis of both knees, worse on the right, mild degenerative changes of the right patella and mild soft tissue swelling and joint effusion on the right. The presence of mild osteoarthritis by itself is a contraindication to meniscal allograft transplantation. Furthermore, there is no documentation of a recent exercise rehabilitation program and nonoperative treatment protocol necessitated by guidelines. Radiology reports pertaining to the recent imaging studies were not provided and based upon the findings on July 24, 2014 there was a relative contraindication to the procedure due to the presence of osteoarthritis as reported. As such, the request for meniscal allograft transplantation is not supported by guidelines and the medical necessity is not substantiated.

**Assistant Surgeon:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation the Centers for Medicare and Medicaid Services

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS.  
Decision based on Non-MTUS Citation Section: Knee, Topic: Meniscal allograft transplantation

**Decision rationale:** The surgery as requested is not medically necessary. Therefore the assistant surgeon is not needed.