

Case Number:	CM15-0012004		
Date Assigned:	02/02/2015	Date of Injury:	05/08/2013
Decision Date:	03/19/2015	UR Denial Date:	12/22/2014
Priority:	Standard	Application Received:	01/21/2015

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: Illinois, California, Texas
 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 is a 65 year old female, who sustained an industrial injury on 5/8/13 relative to a fall. Conservative treatment to date has included activity modification, physical therapy and medication. The 9/9/14 right knee MRI impression documented a complex tear of the lateral meniscus, and tear of the body and posterior horn of the medial meniscus along the inferior surface. There was severe chondral thinning in the lateral compartment with associated subchondral edema and osteophyte formation, and relatively mild chondral thinning in the medial and patellofemoral compartments. There was trace joint effusion and severe intra-articular loose bodies. The 12/15/14 treating physician report cited right knee pain with associated popping, clicking, and locking. Pain occurred with prolonged flexion, standing or walking. She had difficulty with ascending and descending stairs. Physical exam documented lateral joint line tenderness with associated myospasms, medial effusion, limited range of motion and crepitus, and positive McMurray's test. The patient had failed to improve with conservative treatment. Right knee arthroscopy with medial and lateral meniscectomy and chondroplasty was recommended, consistent with the 7/10/14 AME report. On December 22, 2014 utilization review non-certified a request for right knee arthroscopy with medial and lateral meniscectomy and chondroplasty based on significance of degenerative changes, possibly indicating osteoarthritis. The Official Disability Guidelines (ODG) was utilized in the determination. Application for independent medical review (IMR) is dated December 28, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Knee Arthroscopy With Medial and Lateral Meniscectomy and Chondroplasty:
Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 344-345. Decision based on Non-MTUS Citation Knee and Leg: Chondroplasty

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 (locking, popping, giving way, and/or recurrent effusion), clear objective findings, and consistent findings on imaging. MTUS guidelines do not provide recommendations for chondroplasty. The Official Disability Guidelines provide criteria for chondroplasty that 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 MRI. Guideline criteria have been met. This patient presents with persistent function-limiting pain with associated mechanical symptoms of popping, clicking and locking. Clinical exam findings are consistent with imaging evidence of medial and lateral meniscal tears and chondral defects. Reasonable conservative non-operative treatment, including activity modification, medications, and physical therapy, have been tried and have failed. Therefore, this request for right knee arthroscopy with medial and lateral meniscectomy and chondroplasty is medically necessary.