

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM15-0017202 | | |
| Date Assigned: | 02/05/2015 | Date of Injury: | 02/13/2014 |
| Decision Date: | 03/27/2015 | UR Denial Date: | 01/23/2015 |
| Priority: | Standard | Application Received: | 01/29/2015 |

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 49 year old female who sustained an industrial injury on 2/13/14. Injury occurred relative to a fall. Conservative treatments included physical therapy, home exercise, activity modification, acupuncture, and oral medications. The 11/10/14 right knee MRI impression documented longitudinal horizontal oblique tearing of the posterior horn of the medial meniscus. There was tricompartmental articular cartilage loss, most pronounced involving medial femoral condyle. The 12/10/14 orthopedic report cited constant right knee pain with episodes of cracking, locking, and buckling. Pain was increased with squatting, kneeling, crouching, crawling, or ascending/descending stair. Right knee exam documented effusion, retropatellar tenderness along the medial patellar facet, positive patellar grind, extensive medial tenderness including the medial joint line, and no instability. McMurray's was not performed due to guarding. Range of motion was 1 to 129 degrees. The diagnosis was medial meniscus tear and tricompartmental osteoarthritis. The physician opined the medical necessity for arthroscopic partial medial meniscectomy in conjunction with chondroplasty or some type of reconstructive surgery, including micro fracture arthroplasty or osteochondral transplantation. A request was submitted for right knee arthroscopy partial meniscectomy or meniscal repair for the medial meniscus with chondroplasty or reconstructive surgery. On 1/23/15, Utilization Review non-certified the request for 1 right knee arthroscopic partial meniscectomy or meniscal repair for the medial meniscus with chondroplasty or reconstructive surgery. The rationale indicated that there were no imaging findings of meniscal deficits and the type of reconstructive surgery was not specified. The MTUS, ACOEM Guidelines, (or ODG) was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Right Knee Arthroscopic Partial Meniscectomy or Meniscal Repair for the Medial Meniscus with Chondroplasty or Reconstructive Surgery: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343-345. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee & Leg (Acute & Chronic)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 344-345. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg, Meniscectomy; 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. The Official Disability Guidelines 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 MRI. Guideline criteria have not been met. This patient presents with function-limiting right knee pain with mechanical symptoms. Clinical exam findings are consistent with imaging evidence of medial meniscus tear and chondromalacia. Evidence of a recent, reasonable and/or comprehensive non-operative treatment protocol trial and failure has been submitted. While the medical necessity of a partial medial meniscectomy and chondroplasty has been established, the medical necessity of a non-specified reconstructive procedure has not. Therefore, this request is not medically necessary.