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| Case Number: | CM15-0177537 | | |
| Date Assigned: | 09/18/2015 | Date of Injury: | 10/02/2012 |
| Decision Date: | 10/21/2015 | UR Denial Date: | 08/27/2015 |
| Priority: | Standard | Application Received: | 09/09/2015 |

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: California, Oregon, Washington
 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 58 year old male, who sustained an industrial injury on 10-2-12. The injured worker has complaints of left knee pain. The injured worker reports that he gets sharp pains when driving and has trouble standing over 10 minutes. The documentation noted that the knee has locked once and catches frequently such that he cannot stand very long. Objective findings noted that he has frequent limping which recovers to normal. Left knee range of motion is 4 to 125 and he has discomfort with McMurray. There is popping rising from sitting position. Magnetic resonance imaging (MRI) of the left knee on 6-2-15 shows small central tear with fraying of lateral meniscus; mild myxoid degeneration of posterior medial meniscus. Left knee X-rays on 3-30-15 was normal. The diagnoses have included tear of medial meniscus of left knee; osteoarthritis left knee and tear of lateral meniscus of left knee. Treatment to date has included left knee meniscectomy on 12-12-14; hydrocodone-acetaminophen; home exercise program and physical therapy. The documentation noted on 3-30-15 the injured worker went the emergency department with complaints of increasing left knee pain over the last week and reported that he was struggling with standing at work during his shift due to pain and his knee locked and snapped during the shift. The musculoskeletal exam section reported minimal swelling of the left knee, tenderness over the medial aspect, and limited range of motion. The injured worker was prescribed norco and ibuprofen. The original utilization review (8-25-15) non-certified the request for left knee arthroscopic medial and lateral meniscectomy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left knee arthroscopic medial and lateral meniscectomy: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Knee Complaints 2004, Section(s): Surgical Considerations. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg Chapter, Arthroscopic Surgery for osteoarthritis.

Decision rationale: CAMTUS/ACOEM Chapter 13 Knee Complaints, pages 344-345, states regarding meniscus tears, "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 pain (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." In this case, the MRI from 6/2/15 demonstrates osteoarthritis of the knee without clear evidence of meniscus tear. The ACOEM guidelines state that, "Arthroscopy and meniscus surgery may not be equally beneficial for those patients who are exhibiting signs of degenerative changes." According to ODG, Knee and Leg Chapter, Arthroscopic Surgery for osteoarthritis, "Not recommended. Arthroscopic lavage and debridement in patients with osteoarthritis of the knee is no better than placebo surgery, and arthroscopic surgery provides no additional benefit compared to optimized physical and medical therapy." As the patient has significant osteoarthritis, the request is not medically necessary.