

Case Number:	CM15-0031506		
Date Assigned:	02/25/2015	Date of Injury:	09/10/2009
Decision Date:	06/08/2015	UR Denial Date:	01/26/2015
Priority:	Standard	Application Received:	02/19/2015

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 male who sustained an industrial injury on 9/10/09. The mechanism of injury was not documented. Past medical history was positive for hypertension and diabetes mellitus. Records documented imaging findings of severe tricompartmental osteoarthritis, worst in the lateral femoral tibial compartment, extensive tear of the medial and lateral menisci, extensive femorotibial and patellofemoral joint cartilage fissuring and loss, and severe anterior cruciate ligament mucoid degeneration. Records documented Supartz injections in 2014 with limited short-term benefit. The 1/14/15 treating physician indicated that the right knee had been problematic with pain and swelling. Right knee exam documented medial joint line tenderness, small effusion, active flexion 110-120 degrees, active extension 5-10 degrees, positive medial McMurray's sign, and weakness secondary to pain. The diagnosis included right lateral and medial meniscus tear and right knee osteoarthritis. The treatment plan recommended right knee partial medial/lateral meniscectomy, synovectomy and loose body excision, and pre-operative clearance. The 1/26/15 utilization review non-certified the request for right knee arthroscopic surgery and associated pre-operative clearance as there was no documentation of mechanical symptoms, treatment of arthritis (corticosteroid injection), evidence of conservative treatment failure, or standing x-rays.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pre Operative Clearance: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Partial Med/Lat Meniscectomies Synovectomy Loose Body Excision Right Knee: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation Official Disability Guideline (ODG), Knee & Leg.

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; Loose body removal surgery (arthroscopy); Arthroscopic surgery for osteoarthritis.

Decision rationale: The California MTUS guidelines state that surgical consideration may be indicated for patients who have activity limitation for more than one month and failure of exercise programs to increase range of motion and strength of the musculature around the knee. 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 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. The ODG recommend loose body removal surgery where symptoms are noted consistent with a loose body, after failure of conservative treatment, but knee arthroscopic surgery for treatment of osteoarthritis is not recommended. In cases of knee osteoarthritis where mechanical symptoms are consistent with a loose body, meniscal tear or chondral flap tear, arthroscopy after failure of non-operative treatment is indicated. Guideline criteria have not been met. This injured worker has a history of chronic bilateral knee pain, with current problematic right knee symptoms of pain and swelling. Clinical exam findings are consistent with reported imaging evidence of meniscal tearing. There are no mechanical symptoms documented on exam. Detailed evidence of a recent, reasonable and/or comprehensive non-operative treatment protocol trial and failure has not been submitted. Therefore, this request is not medically necessary at this time.

