

Case Number:	CM15-0069750		
Date Assigned:	04/17/2015	Date of Injury:	03/03/2015
Decision Date:	05/22/2015	UR Denial Date:	04/03/2015
Priority:	Standard	Application Received:	04/13/2015

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: 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 is a 35-year-old overweight male with a history of left knee injury over a year ago for which he had undergone arthroscopy and partial medial meniscectomy in April 2014. Unfortunately, he also had degenerative changes in the medial compartment, which caused persisting symptoms after the surgery. In November 2014 bracing and a heel wedge were suggested. The injured worker eventually went back to work and reinjured his left knee in March 2015. He underwent an MRI scan, which showed the same degenerative changes in the medial compartment and a longitudinal horizontal tear of the remnant of the medial meniscus. There was also a subchondral fracture of the lateral tibial plateau. The disputed issue is a request for arthroscopy with partial medial meniscectomy in the presence of degenerative changes in the medial compartment, which is not supported by guidelines. Utilization review noncertified the surgery as there was no recent documented comprehensive non-operative treatment protocol with corticosteroid injections and physical therapy. CA MTUS and ODG guidelines were cited. The disputed issue is now appealed to an independent medical review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Arthroscopy possible partial meniscectomy left knee: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 341, 344-345.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 345. Decision based on Non-MTUS Citation ODG: Section: Knee, Topic: Meniscectomy.

Decision rationale: The injured worker had undergone arthroscopy with partial medial meniscectomy and chondroplasty of the medial femoral condyle of his left knee in April 2014. On 11/3/2014, the office notes indicate that he had dramatic degenerative changes. He was complaining of a slipping sensation due to incongruity of the articular surface medially. A brace and a lateral heel wedge were suggested. In the opinion of the provider, he was expected to have difficulties in the future with progressive degeneration of the medial compartment. He was also overweight with a height of 71 inches, weight of 230 pounds and body mass index of 32.1 at that time. The MRI performed after the new injury of 3/3/2015 is dated 3/13/2015. This showed a longitudinal horizontal tear involving the posterior horn of the medial meniscus and small associated para meniscal cysts indicating chronicity and degenerative etiology. This finding occurred on a background of postoperative changes in the medial meniscus, intrinsic signal alteration involving the posterior horn of the lateral meniscus without definite tear was unchanged. Moderate grade chondral loss involving the medial femoral compartment, particularly the weight bearing aspect of the medial femoral condyle was unchanged. There was mild chondromalacia of the lateral patellar facet. The articular cartilage in the lateral compartment was preserved. There was a non-displaced subchondral fracture involving the posterior aspect of the lateral tibial plateau. The documentation provided indicates continuing problems after the surgery of April 2014. California MTUS guidelines indicate arthroscopy and meniscal surgery may not be equally beneficial when there is evidence of degenerative changes in the joint. The documentation suggests significant degenerative changes in the medial compartment. The medial meniscal tear as described is a horizontal longitudinal tear which likely represents a degenerative process in the meniscus. As such, surgical removal of the remaining meniscus is likely to be harmful. ODG guidelines indicate that the benefit of surgery for meniscal tears in the presence of degenerative changes drops off dramatically and may actually be harmful as progression of osteoarthritis may be further accelerated. A recent non-operative treatment program with corticosteroid injections and exercise rehabilitation has not been documented. The medical records indicate continuing symptoms after the last surgical procedure and a second surgical procedure is not likely to be of much benefit. As such, the medical necessity of the request for arthroscopy with partial medial meniscectomy has not been substantiated.