

Case Number:	CM14-0000366		
Date Assigned:	04/30/2014	Date of Injury:	04/06/2009
Decision Date:	07/07/2014	UR Denial Date:	12/02/2013
Priority:	Standard	Application Received:	01/02/2014

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. The expert reviewer is Board Certified in Orthopedic Surgery, has a subspecialty in Sports Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 46-year-old male who reported an injury on 04/06/2009. The mechanism of injury was not provided for review. The injured worker's treatment history included right knee arthroscopy in 10/2009. The injured worker was treated post surgically with anti-inflammatory medications, corticosteroid injections, Synvisc injections, and physical therapy. The injured worker underwent an MRI on 04/20/2012. It was documented that the injured worker had degenerative changes involving the medial compartment and changes to the posterior horn of the medial meniscus. The injured worker was evaluated on 11/13/2013. Evaluation of the bilateral knees documented tenderness along the lateral and medial joint lines with range of motion described as 0 to 125 degrees in flexion, a negative McMurray's test with no evidence of instability or mechanical symptoms. The injured worker's diagnoses included right knee medial meniscus tear, bilateral knee arthritis, and loose body of the bilateral knees, bilateral meniscus tears, and degenerative disease of the bilateral knees. The injured worker's treatment plan included right knee arthroscopy and partial medial meniscectomy with loose body removal. The injured worker was evaluated on 01/02/2014. It was documented that the injured worker had failed conservative treatments and that surgical intervention was being recommended. The injured worker's diagnoses included loose body in the knee, osteoarthritis of the lower extremity and a medial meniscus tear.

IMR ISSUES, DECISIONS AND RATIONALES

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

RIGHT KNEE ARTHROSCOPY AND PARTIAL MENISCECTOMY AND LOOSE BODY REMOVAL: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 1021-1022. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee & Leg Chapter.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343-345.

Decision rationale: The American College of Occupational and Environmental Medicine recommends surgical intervention for injured workers who have evidence of significant functional deficits and physical findings of a lesion supported by an imaging study that have failed to respond to conservative treatments. The clinical documentation submitted for review does indicate that the injured worker has physical findings of medial and lateral joint line tenderness of the bilateral knees. These findings are indicative of pseudo-gout or calcium pyrophosphate deposition disease with displacement of the body of the medial meniscus as well as intra-articular loose bodies. The injured worker has failed to respond to medications, intra-articular steroid injections, and viscosupplementation. A displaced meniscus tear in combination with calcium pyrophosphate deposition disease is not likely to heal on its own and surgical intervention would be appropriate in this clinical situation. As such, the requested right knee arthroscopy and partial meniscectomy and loose body removal is medically necessary and appropriate.