

Case Number:	CM13-0000995		
Date Assigned:	11/24/2014	Date of Injury:	02/12/2013
Decision Date:	01/29/2014	UR Denial Date:	06/27/2013
Priority:	Standard	Application Received:	07/08/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Orthopaedic Surgery, and is licensed to practice in Texas. 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 physician 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:

This patient is a 46-year-old male who reported an injury on 02/12/2013. The mechanism of injury is indicated as a twisting mechanism to the knee while dragging a bush. Notes indicate the patient is currently diagnosed with medial meniscal tear. An MRI from 04/02/2012 was reviewed and confirmed the medial meniscal tear and a very slight fissuring of the trochlear patellofemoral cartilage. Physical examination of the patient reveals 5/5 quadriceps strength and hamstring strength as well as range of motion of the knee from 0 to 130 degrees with crepitation medially. Notes indicated on palpation the patient is tender along the medial joint line with a positive McMurray's and positive patellar grind test. Furthermore, notes indicate that the patient has complaints of a mechanical nature with clicking, catching, and locking sensation. Notes indicate the patient also complains of mild instability and increasing pain in the left knee due to favoring the right knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

Arthroscopy, knee, surgical; with meniscectomy (medial or lateral, including any meniscal shaving) including debridement/shaving of articular cartilage (chondroplasty), same or separate compartment(s): Overturned

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

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

Decision rationale: CA MTUS states that Referral for surgical consultation 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. 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. The Official Disability Guidelines indicate that a chondroplasty criterion includes conservative care with medication or physical therapy; subjective findings of joint pain and swelling; objective clinical findings of effusion, crepitus, or limited range of motion; and a chondral defect on MRI. The documentation submitted for review indicates the patient has undergone conservative treatment with medication and therapy. Currently, the patient is indicated as having mechanical sensations which include clicking, catching, and locking. Additionally, imaging studies submitted for review indicate that the patient, while having normal alignment of the patellofemoral joint, has findings of fissuring in the lateral trochlear cartilage which extends through 50% of the width paralleling the cortex of the lateral femoral condyle. Furthermore, the patient has findings of a longitudinal horizontal tear involving the posterior horn of the medial meniscus extending to the inferior free edge and to the periphery of the meniscus. Moreover, the documentation submitted for review indicates that this patient has completed conservative treatment with no significant benefit and that the patient has significant mechanical symptoms. Given the above, the request for decision for arthroscopy, knee; surgical; with meniscectomy (medial or lateral, including any meniscal shaving) including debridement/shaving of articular cartilage (chondroplasty), same or separate compartment(s) is medically necessary and appropriate.