

Case Number:	CM13-0007880		
Date Assigned:	10/11/2013	Date of Injury:	05/29/2012
Decision Date:	11/17/2014	UR Denial Date:	07/16/2013
Priority:	Standard	Application Received:	08/07/2013

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 Orthopaedic Surgery 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:

This 53-year-old female sustained an industrial injury on 5/29/12. Injury occurred when a box fell on her leg. The 7/3/13 progress report cited left knee pain, clicking and swelling. Back pain was reported radiating to both legs with paresthesias, worse on the left. Left knee arthroscopy and lumbar spine MRI were requested. The 7/16/13 utilization review denied the request for left knee surgery as there were no clinical exam findings available consistent with guideline criteria. The 8/14/13 orthopedic progress report cited constant grade 8-9/10 left knee pain with giving way and constant low back pain radiating to the left lower extremity with numbness. Physical exam documented limp favoring the left lower extremity, lumbar paravertebral muscle tenderness, positive bilateral straight leg raise, left leg weakness, left knee joint line tenderness, and positive McMurray's on the left. The diagnosis was internal derangement left knee, lumbosacral neuritis, and lumbar sprain. The treatment plan recommended lumbar spine MRI and left knee arthroscopy with partial meniscectomy and chondroplasty.

IMR ISSUES, DECISIONS AND RATIONALES

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

LEFT KNEE ARTHROSCOPY PARTIAL MENISCECTOMY AND CHONDROPLASTY: Upheld

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, 347. Decision based on Non-MTUS Citation Official Disability Guidelines
(ODG) Knee and Leg, Chondroplasty, Meniscectomy

Decision rationale: The California MTUS 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 chondroplasty include evidence of conservative care (medication or physical therapy), plus joint pain and swelling, plus effusion or crepitus or limited range of motion, plus a chondral defect on MRI. Guideline criteria have not been met. There are limited records available for review. Subjective and clinical exam findings are suggestive of meniscal pathology. There are no imaging reports or treating physician interpretations of imaging available in the records. 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.