

Case Number:	CM13-0012401		
Date Assigned:	12/27/2013	Date of Injury:	02/07/2011
Decision Date:	08/12/2014	UR Denial Date:	07/26/2013
Priority:	Standard	Application Received:	08/12/2013

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 Orthopedic 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 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 71-year-old female who reported an injury on 02/07/2011. The mechanism of injury was a trip and fall where the injured worker struck her knee on the corner of a box. Prior therapies included physical therapy. The documentation of 05/07/2013 revealed the injured worker had complaints of pain in both knees, left greater than right. It was indicated the injured worker had osteoarthritis and meniscal tears. The physical examination revealed positive peripatellar tenderness and lateral joint line tenderness. The injured worker had positive medial joint line tenderness. The injured worker had a positive patellar grind and Thessaly test as well as a positive Apley grind test. The injured worker had x-rays which revealed moderate degenerative changes in the medial compartment and mild to moderate patellofemoral joint changes. There were medial and lateral degenerative changes. Diagnoses included osteoarthritis bilaterally and degenerative meniscal tears of both knees. The documentation indicated the injured worker had meniscal tears of the bilateral knees and the physician opined this portion of the pain was likely to be improved significantly with arthroscopy. Additionally, it was indicated that osteoarthritis is known not to improve with arthroscopy and as such the injured worker was informed it would not be appropriate for osteoarthritis. As such, the treatment plan included a request for a medial meniscectomy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Medial Meniscectomy, scope - right knee: Upheld

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

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

Decision rationale: The ACOEM Guidelines indicate that a surgical consultation may be appropriate for injured workers who have activity limitation for more than 1 month and the failure of exercise programs to increase range of motion and strength of musculature around the knee. Additionally, they indicate that arthroscopic partial meniscectomy has a high success rate where there is clear evidence of a meniscus tear including symptoms other than simply pain such as locking, popping, giving way, and recurrent effusion. There should be clear signs of a bucket handle tear on examination and consistent findings on MRI. The clinical documentation submitted for review indicated the injured worker had clear findings upon examination. Additionally, there was a lack of documentation of MRI findings to support there was a tear. Given the above, the request for medial meniscectomy, scope - right knee is not medically necessary.