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| Case Number: | CM13-0019378 | | |
| Date Assigned: | 12/13/2013 | Date of Injury: | 07/14/1978 |
| Decision Date: | 02/03/2014 | UR Denial Date: | 08/23/2013 |
| Priority: | Standard | Application Received: | 09/03/2013 |

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 Orthopedic Surgery, and is licensed to practice in Michigan, Nebraska and 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:

The patient is a 63-year-old male who reported an injury on 07/14/1978. The mechanism of injury was not provided. The patient was noted to undergo a knee arthroscopy in 1986. On 06/26/2013, the patient was noted to undergo a right knee x-ray which revealed the patient had severe osteoarthritis and a small joint effusion. The patient was noted to undergo another x-ray on 09/05/2013 with evidence of degenerative changes in the knee. The patient was noted to have a medial meniscus tear on MRI. The patient was noted to indicate the pain was worsening medially and the patient was noted to feel a loose body inside. It was noted the patient could ambulate 2 to 3 blocks and the pain was sharp at times. The patient had positive crepitus and was noted to be bone on bone and the patient had a palpable loose body. The patient indicated he was not psychologically ready for a knee replacement. The diagnosis was noted to include tear of the medial cartilage or meniscus of the knee current and osteoarthritis localized and primary. The request was made for Right Knee Arthroscopy Medial and Lateral Meniscectomy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Knee Arthroscopy Medial and Lateral Meniscectomy QTY 1.00: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation (ODG) Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

Decision rationale: ACOEM Guidelines indicate that a partial meniscectomy is indicated when there is clear evidence of a meniscus tear and symptoms other than simply pain including locking, popping, giving way, or recurrent effusion and clear signs of a bucket-handle tear on examination including tenderness over the suspected tear, but not over the entire joint line and consistent findings on an MRI. The clinical documentation submitted for review indicated the patient had MRI findings; however, the MRI was not provided for review. The patient noted dysfunction in the right knee and indicated there was pain when walking down hills, stairs, and the knee was noted to ache when sitting in a chair. However, there was lack of documentation of symptoms other than pain including locking, popping, giving way, or recurrent effusion, as well as there was lack of indication of clear signs of a bucket-handle tear on examination. Given the above and lack of documentation, the request for a right knee arthroscopy medial and lateral meniscectomy QTY: 1.00 is not medically necessary.