MAXIMUS Federal Services

Case Number:	CM13-0033023		
Date Assigned:	12/11/2013	Date of Injury:	05/24/2012
Decision Date:	02/10/2014	UR Denial Date:	10/02/2013
Priority:	Standard	Application Received:	10/09/2013

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 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.

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 57-year-old female who reported injury on 05/24/2012. The mechanism of injury was stated to be the patient was walking on blacktop and rolled her left ankle. The patient was noted to have knee surgery 10 years prior to this incident. The patient was noted to have an MRI which revealed the patient had a longitudinal tear and postoperative signal change in the mid body of the medial meniscus. The patient was noted to have mild thinning of the medial compartment articular cartilage compatible with osteoarthritic changes. The patient was noted to have continued pain in her knee with episodes of locking and buckling for a year. The patient was noted to have an injection and was noted not to have improved with conservative care. The patient had a positive McMurray's test with pain medially. The patient's knee motion was noted to be unrestricted. There was noted to be some pain medially in the knee at extremes. There was noted to be no crepitus. The diagnosis was noted to be persistent left knee strain with a possible medial meniscus tear. The recommendation was made for a left knee arthroscopy meniscus repair and meniscus debridement.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left knee arthroscopy, meniscus repair: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee Chapter: Meniscectomy.

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

Decision rationale: The Physician Reviewer's decision rationale: ACOEM Guidelines recommend a surgical consult for patients who have failure of exercise program to increase range of motion, and have symptoms of a meniscus tear including locking or popping, tenderness over the suspected tear and consistent findings on an MRI. The clinical documentation submitted for review indicated the patient had pain medially in the knee and a positive McMurray's test. The patient was noted to have locking and popping in their knee. The patient additionally was noted to have buckling in their knee. The patient was noted to have failed conservative care including injections. The patient was noted to have an MRI which revealed they had a longitudinal tear of the mid body of the medial meniscus. In summary, the patient failed conservative care, including an injection, had positive findings on MRI, had locking and buckling and the requested treatment would be supported. Given the above, the request for left knee arthroscopy, meniscus repair is medically necessary.

Left knee arthroscopy, meniscus debridement: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 343. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee Chapter: Meniscectomy.

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

Decision rationale: ACOEM Guidelines recommend a surgical consult for patients who have failure of exercise program to increase range of motion, and have symptoms of a meniscus tear including locking or popping, tenderness over the suspected tear and consistent findings on an MRI. The clinical documentation submitted for review indicated the patient had pain medially in the knee and a positive McMurray's test. The patient was noted to have locking and popping in their knee. The patient additionally was noted to have buckling in their knee. The patient was noted to have failed conservative care including injections. The patient was noted to have an MRI which revealed they had a longitudinal tear of the mid body of the medial meniscus. In summary, the patient failed conservative care, including an injection, had positive findings on MRI, had locking and buckling and the requested treatment would be supported. Given the above, the request for left knee arthroscopy, meniscus debridement is medically necessary.