

Case Number:	CM13-0033993		
Date Assigned:	12/06/2013	Date of Injury:	07/06/2001
Decision Date:	02/26/2014	UR Denial Date:	09/25/2013
Priority:	Standard	Application Received:	10/11/2013

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 Hand 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:

The patient is a 28-year-old female who reported a work-related injury on 07/06/2001 as result of a fall. Subsequently, the patient presents for treatment of chronic left knee pain. MRI arthrogram of the left knee dated 08/15/2013 signed by [REDACTED] revealed: (1) a partial lateral meniscectomy with no discrete meniscal tear; (2) minor lateral knee compartment osteoarthritis with chondral injury most significant along the medial femoral condyle. The clinical note dated 09/11/2013 reports the patient was seen in clinic under the care of [REDACTED]. The provider documents the patient has continued left knee pain despite the injection that was recently administered. The provider documented the patient has parapatellar tenderness and pain along the joint line. Some slight swelling was noted and pain at the pes anserine region. There was no ligament laxity noted with testing of the ACL or PCL; the patient had pain with McMurray's testing. The provider documented the patient had patellofemoral crepitus and pain with patellar grind.

IMR ISSUES, DECISIONS AND RATIONALES

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

left knee arthroscopy with possible synovectomy, chondroplasty, resection of medial plica and possible partial meniscectomy: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 344-345. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg chapter.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 344-345. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg chapter

Decision rationale: The current request is not supported. California MTUS indicates surgical recommendations are supported for patients who present with clear evidence of a meniscus tear, symptoms other than simply pain, locking, popping, giving way, or 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. Additionally, California MTUS/ACOEM indicates patients suspected of having meniscal tears, but without progressive or severe activity limitation can be encouraged to live with symptoms to retain the protective effect of the meniscus. The clinical notes evidence the patient had previous arthroscopy of the left knee x2; specific dates of procedure not stated. Furthermore, Official Disability Guidelines do not recommend chondroplasty in the absence of a focal chondral defect on MRI. Given the lack of range of motion values noted upon physical exam of the patient, as well as recent treatment modalities utilized for the patient's left knee pain complaints, the request for left knee arthroscopy with possible synovectomy, chondroplasty, resection of medial plica and possible partial meniscectomy is not medically necessary or appropriate.