

Case Number:	CM13-0046542		
Date Assigned:	12/27/2013	Date of Injury:	09/12/2012
Decision Date:	04/18/2014	UR Denial Date:	10/31/2013
Priority:	Standard	Application Received:	10/31/2013

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 35-year-old female sustained a right knee injury on 9/12/12, secondary to prolonged kneeling working for four years as a harvester. Her right knee gave out due to pain and weakness and she nearly fell, on the date of injury. A right knee arthroscopy with chondroplasty of the medial femoral condyle was performed on 3/16/13, with severe post-operative pain. The patient discontinued physical therapy following 6 visits due to increased pain. The 6/12/13 right knee MRI documented abnormal horizontal signal within the body and posterior horn of the medial meniscus requiring clinical correlation, tri-compartmental cartilage loss, small joint effusion, and mild patellar tendinosis. The 9/12/13 treating physician right knee exam findings included marked medial joint line tenderness, medial peripatellar tenderness, positive McMurray's test, and negative instability signs. The 10/9/13 treating physician report cited the patient had completed the third viscosupplementation injection which provided significant temporary relief, no greater than one month. Right knee pain had returned and was worsening. Exam noted right knee tenderness greatest at the medial aspect with 5 degree extension lag and 90 degrees of flexion with pain; exam was otherwise unchanged. The diagnosis was possible recurrent right medial meniscus tear, status post right knee arthroscopic surgery, and right knee osteoarthropathy. The 11/1/13 treating physician report cited increasing right knee pain that was severe with weight bearing. The patient reported giving way of the right knee and swelling. Exam demonstrated medial joint line tenderness, 1+ effusion, positive McMurray's test, and range of motion 5-90 degrees with pain. The provider indicated that the patient was refractory to extensive conservative treatment. Records indicated that conservative treatment had included activity modification, viscosupplementation, opioid medication, and anti-inflammatory medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

RIGHT KNEE ARTHROSCOPY: Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG), KNEE AND LEG, MENISECTOMY.

Decision rationale: Under consideration is a request for right knee arthroscopy. The California MTUS do not provide recommendations for arthroscopic surgery in chronic knee conditions. The Official Disability Guidelines recommend meniscectomy for symptomatic meniscal tears in patients with at least two clinical symptoms, at least two objective clinical findings, and positive imaging findings, when there is evidence of conservative treatment. Guideline criteria have been met. Symptoms include joint pain, swelling and giving way. Objective clinical findings include positive McMurray's sign, medial joint line tenderness, effusion, and limited range of motion. This is consistent with imaging findings of abnormal signal change in the posterior horn of the medial meniscus. Recent comprehensive conservative treatment has been documented as having been tried and failed. Therefore, this request for a right knee arthroscopy is medically necessary.