

Case Number:	CM13-0048968		
Date Assigned:	07/02/2014	Date of Injury:	11/22/2000
Decision Date:	07/31/2014	UR Denial Date:	10/31/2013
Priority:	Standard	Application Received:	11/07/2013

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 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 46-year-old male sustained an industrial injury 11/22/00. The patient was status post left knee medial meniscectomy and medial femoral condyle abrasion in 2001. The 9/4/13 left knee MRI impression documented post-operative change involving the posterior horn of the medial meniscus and small acute tear in the mid-body of the medial meniscus. There was a probable small chondral defect on the femoral side of the lateral patellofemoral joint. The 9/9/13 treating physician chart note cited intermittent severe left knee pain for 4-5 weeks. The patient was working full duty as a [REDACTED]. The MRI findings demonstrated post-operative change in the posterior horn of the medial meniscus and a small acute tear in the mid-body. A cortisone injection was recommended with a tentative arthroscopy in early 2014 if symptoms continued. The 10/10/13 chart note stated that the patient had developed significant knee pain over the past several weeks which made work difficult. A recent MR arthrogram demonstrated a medial meniscus tear. A cortisone injection was provided. The medical necessity of an arthroscopy was opined if symptoms did not improve. The 10/30/13 chart note indicated the patient had some transient improvement from the intra-articular injection on 10/10/13 but was still having regular medial knee pain. A left knee arthroscopy with partial medial meniscectomy was recommended.

IMR ISSUES, DECISIONS AND RATIONALES

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

Arthroscopy, knee, surgical: with meniscectomy (medical or lateral, including any meniscal shaving) including debridement/shaving of articular cartilage (chondroplasty) same (oe) separate compartment(s): Upheld

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

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, Meniscectomy, Chondroplasty.

Decision rationale: The California MTUS does not provide recommendations for chronic knee conditions. The Official Disability Guidelines criteria for meniscectomy include conservative care (exercise/physical therapy and medication or activity modification) plus at least two subjective clinical findings (joint pain, swelling, feeling or giving way, or locking, clicking or popping), plus at least two objective clinical findings (positive McMurray's, joint line tenderness, effusion, limited range of motion, crepitus, or locking, clicking, or popping), plus evidence of a meniscal tear on an MRI. The criteria for chondroplasty include evidence of conservative care (medication or physical therapy), plus joint pain and swelling, plus effusion or crepitus or limited range of motion, plus a chondral defect on the MRI. Guideline criteria have been met. There is no documentation of subjective findings beyond pain. There are no clinical exam findings documented. There is no detailed documentation that recent comprehensive pharmacologic and non-pharmacologic conservative treatment had been tried and failed. The patient is working full duty with no indication of activity modification. Therefore, the request for arthroscopy, knee, surgical: with meniscectomy (medial or lateral, including any meniscal shaving) including debridement/shaving of articular cartilage (chondroplasty) same or separate compartment(s) is not medically necessary.