

Case Number:	CM13-0054670		
Date Assigned:	12/30/2013	Date of Injury:	05/17/2011
Decision Date:	06/05/2014	UR Denial Date:	10/23/2013
Priority:	Standard	Application Received:	11/19/2013

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 Physical Medicine & Rehabilitation, has a subspecialty in Interventional Spine 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 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 33-year-old male with a date of injury of 05/17/2011. According to initial consultation report from 09/06/2013 by [REDACTED], patient presents with right knee pain, status post fall from a ladder. The patient's medication includes acetaminophen 500 mg over-the-counter, 1 to 2 tablets as needed for pain. Examination of the right knee revealed 0 to 120 degrees of flexion. He has positive McMurray's sign with pain at the medial joint line. He also has positive Lachman's test with an endpoint. He has +1 effusion. There is positive patellar inhibition test, but negative apprehension test at the right knee. The treating physician states patient would benefit from an arthroscopic procedure of the right knee with debridement of both medial and lateral menisci and possible ACL reconstruction. MRI of the right knee dated 11/11/2013 revealed minimal anterior right knee joint effusion and minimal amount of fluid just posterior to the distal inferior patellar tendon with mild retropatellar osteophyte spurring. There is a meniscal tear in the posterior horn of the right medial meniscus and probable meniscal degeneration or contusion of the anterior horn of the lateral meniscus.

IMR ISSUES, DECISIONS AND RATIONALES

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

right knee arthroscopy with debridement and possible ACL repair: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee Chapter, ACL Reconstruction, Meniscectomy.

Decision rationale: This patient presents with right knee pain. The treating physician is requesting a right knee arthroscopy with debridement for meniscal tear, and possible ACL repair. ODG states that meniscectomy is recommended for symptomatic meniscal tears. Criteria for meniscectomy or meniscus repair (Suggest 2 symptoms and 2 signs to avoid scopes with lower yield, e.g. pain without other symptoms, posterior joint line tenderness that could just signify arthritis, MRI with degenerative tear that is often false positive). Physiologically younger and more active patients with traumatic injuries and mechanical symptoms (locking, blocking, catching, etc.) should undergo arthroscopy without PT. ODG states that ACL reconstruction is recommended for patients with subjective findings of buckling or giving way, effusion, or rotary twisting/hyperextension. Objective findings must include positive Lachman's sign or pivot shift. Imaging findings are not required if there is acute or history of effusion, hemarthrosis and instability. This patient presents with positive McMurray's and Lachman's test on examination with decrease range of motion and effusion. Conservative measures have failed to improve the symptoms. In addition, MRI findings revealed a meniscal tear in the posterior horn of the right medial meniscus. For possible ACL tear, one of ODG criteria is an arthroscopic finding of ACL tear. If the treater finds an ACL tear during surgery, then it would be appropriate to repair it. Recommendation is for approval of this medically necessary procedure.