

Case Number:	CM13-0059506		
Date Assigned:	06/20/2014	Date of Injury:	09/10/2012
Decision Date:	10/27/2014	UR Denial Date:	10/21/2013
Priority:	Standard	Application Received:	12/02/2013

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:

The injured worker is a 42-year-old male who sustained an industrial injury on 9/10/12. Injury occurred when he slipped on a wet floor. Past surgical history was positive for a right meniscal surgery in 1989, and a left meniscal surgery in 1995. The 6/6/13 right knee MR arthrogram impression documented atretic changes of the body and posterior horn of the medial meniscus with linear intermediate signal intensity within the posterior horn extending through the inferior articular surface, similar to the prior study. This most likely represented post meniscal surgical changes rather than a recurrent tear. There was increased signal intensity along the course of the anterior cruciate ligament similar to the prior study, most likely representing mucoid degeneration of the ligament, rather than a ligament strain. There was a cyst posterior to the distal femur. The 10/4/13 treating physician report cited continued right knee pain that could get worse and radiate into the calf, buttock, and hip. The patient reported popping, locking, and buckling in the knee. He was using a knee brace for ambulation outside the house. He was not taking any medications. Functional difficulties were noted in weight bearing activities, prolonged driving, getting out of a car, and sleeping. Physical exam documented antalgic gait on the right. He was able to do one-half a deep knee bend. There was full extension, and flexion past 100 degrees was painful. Lachman's and anterior drawer signs were trace positive. Posterior drawer sign was negative. There was no lateral or medial laxity. There was lateral and medial joint line tenderness, no effusion, and no retropatellar crepitus. The 6/6/13 MR arthrogram impression was documented as above. The diagnosis was stable right knee, torn medial meniscus. The treatment plan indicated that injury to the anterior cruciate ligament had improved. Authorization was requested for right knee arthroscopy and partial medial meniscectomy. The 10/21/13 utilization review denied the request for right knee arthroscopy with partial medial meniscectomy as there was a question whether findings represented a recurrent meniscal tear or post-surgical changes.

IMR ISSUES, DECISIONS AND RATIONALES

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

RIGHT KNEE ARTHROSCOPY WITH PARTIAL MEDIAL MENISCECTOMY:

Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints
Page(s): 343-345, 347.

Decision rationale: The California MTUS guidelines state that arthroscopic partial meniscectomy may be highly successful in cases with clear evidence of a meniscus tear, symptoms other than pain, clear signs of a bucket handle tear on exam, and consistent findings on MRI. The Official Disability Guidelines (ODG) provide specific criteria for meniscectomy or meniscus repair that 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 MRI. Guideline criteria have not been met. The arthrogram findings do not clearly identify a recurrent meniscal tear. Evidence of a recent, reasonable and/or comprehensive non-operative treatment protocol trial and failure has not been submitted. Therefore, the request for right knee arthroscopy with partial medial meniscectomy is not medically necessary and appropriate.