

Case Number:	CM13-0060592		
Date Assigned:	12/30/2013	Date of Injury:	10/26/2007
Decision Date:	03/20/2014	UR Denial Date:	11/18/2013
Priority:	Standard	Application Received:	12/03/2013

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 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:

This 62-year-old claimant has a date of injury of 10/26/07. The records provided document that this claimant has been treated for right knee pain. He is status post a previous medial meniscectomy. Per the examination of 2/20/13, the right knee never got better following surgery. A repeat MRI (magnetic resonance imaging) of the right knee was obtained on 5/31/13 which demonstrated a re-tear of the undersurface of the posterior horn of the body of the medial meniscus. This claimant saw [REDACTED] on 6/27/13 and the MRI was reviewed. Examination demonstrated tenderness overlying the medial joint line with positive McMurray Test. An evaluation with [REDACTED] was recommended. This claimant saw [REDACTED] of Orthopedics on 9/13/13. The note documents that there were continued symptoms of pain at the right knee medial joint line. The examination demonstrated medial joint line tenderness and a positive McMurray Test. The impression that day was of re-tear of the medial meniscus, and surgery was recommended in the form of right knee arthroscopy with debridement and partial meniscectomy. The records provided document conservative care in the form of medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Arthroscopy of the right knee with debridement and partial meniscectomy: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Indication for Surgery- Meniscectomy

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints
Page(s): 403-404.

Decision rationale: Right knee medial meniscectomy would not be considered medically necessary and appropriate based on the records provided in this case and the MTUS Guidelines. The MTUS Guidelines support meniscectomy when there is clear evidence of a symptomatic meniscal tear with mechanical symptoms present in addition to symptoms of pain and consistent findings on MRI (magnetic resonance imaging). The guidelines state that patients suspected of having meniscal tears without progressive activity limitations can be encouraged to live with symptoms and be trained to protect the meniscus. The guidelines also state that arthroscopy and meniscal surgery may not be equally beneficial for those patients who are exhibiting signs of degenerative changes. In this case, this 62-year-old claimant has other degenerative findings on the MRI. A minimum of any type of conservative care has been provided. It would be reasonable to try a corticosteroid injection and therapy prior to proceeding to surgery. Due to the lack of appropriate conservative care for this 62-year-old claimant with a degenerative meniscal tear, arthroscopic right knee debridement and meniscectomy cannot be certified.