

Case Number:	CM13-0061433		
Date Assigned:	12/30/2013	Date of Injury:	12/10/2010
Decision Date:	10/27/2014	UR Denial Date:	11/21/2013
Priority:	Standard	Application Received:	12/04/2013

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 41-year-old male sustained an industrial injury on 12/10/10. Injury occurred when his right knee twisted and popped stepping onto a ladder. He underwent right knee arthroscopy with partial medial and lateral meniscectomy, partial synovectomy and chondroplasty, and loose body removal on 3/20/11 with residual pain. He subsequently underwent left knee arthroscopy with synovectomy and medial meniscectomy on 3/27/12. The 8/5/11 right knee MRI impression documented postsurgical changes of the medial and lateral menisci, minimal knee effusion, and medial and lateral femoral condyle cartilaginous thinning. An orthopedic consult on 2/26/13 recommended right knee arthroscopic partial meniscectomy and debridement. The 11/11/13 treating physician report cited a worsening of bilateral knee pain within the last 3 to 4 months by 50% for unknown reasons. Activities had not changed. Pain was also noted over the low back and left elbow. The patient was ambulating with a single point cane. Physical exam documented sensation diminished over the right lateral ankle. The treatment plan included left knee Synvisc injection, right knee arthroscopic surgery, chiropractic 1x6 for the lumbar spine, and follow-up consults with pain management and orthopedics. The diagnosis included failed right knee surgery. The 11/21/13 utilization review denied the request for right knee arthroscopy as there was no documentation of mechanical signs or recent conservative treatment failure.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right knee arthroscopy: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343-345, 347. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg, Meniscectomy.

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 provide specific criteria for meniscectomy 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. There is no current documentation of mechanical meniscal symptoms. There is no clear imaging evidence of a surgical lesion. There are no clinical exam findings documented consistent with meniscal pathology. Evidence of a recent, reasonable and/or comprehensive non-operative treatment protocol trial for the right knee and failure has not been submitted.