MAXIMUS Federal Services

Case Number:	CM13-0070762		
Date Assigned:	01/08/2014	Date of Injury:	06/06/2013
Decision Date:	05/29/2014	UR Denial Date:	12/13/2013
Priority:	Standard	Application Received:	12/26/2013

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 is a 50-year-old male laborer, with date of injury 6/6/13. He reported development of bilateral knee pain, left greater than right, due to using a string trimmer to cut grass on steep hills. The 6/7/13 left knee x-ray impression noted medium suprapatellar bursal effusion. The 6/7/13 left knee MRI impression documented truncated free margin of the medial meniscus and associated focal osteochondral subchondral sclerosis and marrow edema of contusion at the weight bearing surface of the medial femoral condyle. The lateral meniscus demonstrated a circumferential horizontal cleavage tear. The 11/26/13 orthopedic report cited persistent left knee pain, especially on the lateral side. The patient was beginning to get symptoms of catching and locking of his knee. A trial of a second anti-inflammatory medication did not resolve the knee pain. Physical exam findings noted good range of motion with full extension and 120 degrees flexion, lateral compartment tenderness to direct palpation and with internal tibial rotation, negative anterior and posterior drawer signs, and clinically intact medial collateral and lateral collateral ligaments. The MRI showed a lateral meniscus tear and medial compartment arthritis. Arthroscopic examination was recommended for possible partial lateral meniscectomy. The 12/12/13 utilization review recommended non-certification of this surgical request as comprehensive conservative treatment had not been provided. Subsequent reports on 12/16/13 and 1/20/14 indicate that a cortisone injection was provided and was not effective in decreasing the patient's pain or tendency to give way on the affected knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

KNEE ARTHROSCOPY/SURGERY: 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 Chapter, Meniscectomy Section.

Decision rationale: Under consideration is a request for knee arthroscopy/surgery. The California MTUS guidelines would not apply to this chronic injury. The Official Disability Guidelines (ODG) recommend diagnostic arthroscopy when imaging is inconclusive. For meniscectomy, the ODG indications include failure of conservative treatment, including physical therapy and medication, and at least two subjective and two objective findings of meniscal injury with evidence of meniscus tear on MRI. Guideline criteria have not been met. There is no detailed documentation that recent comprehensive conservative non-operative treatment, including physical therapy/exercise, had been tried and failed. Given the failure to meet all guideline surgical indications, this request for knee arthroscopy/surgery is not medically necessary.