

Case Number:	CM14-0102938		
Date Assigned:	07/30/2014	Date of Injury:	12/02/2013
Decision Date:	08/29/2014	UR Denial Date:	06/10/2014
Priority:	Standard	Application Received:	07/03/2014

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 Orthopedics 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 60-year-old male car wash attendant sustained an industrial injury on 12/2/13. Injury occurred when he slipped on hose and fell forward landing on his left knee. Conservative treatment included bracing, medications, activity modification, and acupuncture. The 4/28/14 initial orthopedic report documented grade 6-8/10 left knee pain. The patient was ambulating with crutches and could not put weight on his left leg. Physical exam documented a 20-degree lack of full extension and flexion to 100 degrees. There was effusion of the left knee. There was no instability but exam was limited by pain. McMurray testing could not be accomplished due to pain. X-rays showed narrowing of all three joint lines with spurring present. The 5/30/14 left knee MRI impression documented post-operative changes involving the medial meniscus with no recurrent meniscal tear. There was flattening of the lateral meniscus with a meniscal ossicle posteriorly with no lateral meniscus tear. There was a chronic complete tear of the anterior cruciate ligament. There was extensive chondral thinning in the medial femoral tibial compartment with prominent tricompartmental marginal osteophyte formation. The 6/3/14 treating physician progress report cited continued left knee pain. He was ambulating on crutches and was unable to fully extend the knee. There was diffuse joint line tenderness, effusion and positive McMurray's. The 5/30/14 MRI was interpreted with post-surgical changes but the patient denied surgery. The treating physician stated the patient had a large medial meniscus tear, loose body in the left knee, and an anterior cruciate ligament tear. Surgery was recommended. The 6/10/14 utilization review denied the request for left knee arthroscopy surgery as there was no official MRI report or description of conservative treatment available for review. The 6/30/14 treating physician progress report documented patient admission of prior left knee arthroscopic surgery approximately 10 years ago in Mexico. As the patient had not been forthright, a neutral QME was recommended as appropriate.

IMR ISSUES, DECISIONS AND RATIONALES

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

Arthroscopy of the Left Knee with correction of Internal Derangement, Excision of Torn Medical Meniscus and Removal of Loose Body: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

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

Decision rationale: The California MTUS state that surgical referral may be indicated for patients who have activity limitation for more than one month and failure of exercise programs to increase range of motion and strength of the musculature around the knee. Guidelines support arthroscopic partial meniscectomy for cases in which there is clear evidence of a meniscus tear including symptoms other than simply pain (locking, popping, giving way, or recurrent effusion), clear objective findings, and consistent findings on imaging. Guideline criteria have not been met. There is no definitive current imaging evidence of a meniscus tear. There is no detailed documentation that recent comprehensive guideline-recommended conservative treatment had been tried and failed. The surgeon documented a lack of forthrightness on the part of the patient regarding prior knee injury and treatment. Additional evaluation was recommended. Therefore, this request for arthroscopy of the left knee with correction of internal derangement, excision of torn medical meniscus and removal of loose body is not medically necessary.