

Case Number:	CM14-0107788		
Date Assigned:	08/01/2014	Date of Injury:	10/28/2011
Decision Date:	09/09/2014	UR Denial Date:	06/23/2014
Priority:	Standard	Application Received:	07/11/2014

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 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 is a 45-year-old male who sustained a vocational injury when he slipped on an icy floor while moving pallets in a walk in freezer on 10/28/11. The claimant's current working diagnosis includes chronic bilateral knee pain status post Cortisone injection x two in the left knee, which provided temporary relief. The office note dated 04/30/14 noted that the claimant had bilateral knee pain, left greater than right, constant in nature and radiated to the lateral leg with occasional radiation to the thigh. The right knee was noted to feel weak and had sensations of giving way. Examination of the left knee noted mild popping/crepitus during range of motion testing bilaterally and tenderness along the left medial joint line. The report of an MRI of the right knee dated 03/17/14 showed a horizontal cleavage tear of the posterior horn and body of the medial meniscus. Conservative treatment to date includes two Cortisone injections to the left knee; conservative treatment to the right knee was not clearly defined. Documentation does suggest the claimant has been taking Anaprox and Vicodin. The current request is for a right knee arthroscopy.

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): 344-345. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee & Leg (Acute & Chronic).

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

Decision rationale: California MTUS ACOEM Guidelines note that there should be documented activity limitations for more than one month and failure of exercise programs to increase range of motion and strength of the musculature around the knee. Currently, there is no documentation that the claimant has attempted, failed, exhausted a course of conservative treatment, which should include formal physical therapy and consideration of a diagnostic and therapeutic injection for the right knee. Documentation presented for review also suggests that the claimant may be having radicular symptoms from the low back, which may be his primary pain generator as opposed to the right knee meniscus tear, which was identified on MRI. In addition, in the most recent office note available for review, documentation suggests the claimant actually has left greater than right knee pain. In addition, there is no abnormal physical exam objective findings documented in the most recent office note available for review for the right knee suggesting that there is pathology which may be amenable to surgical intervention. Therefore, based on the documentation presented for review and in accordance with California MTUS ACOEM Guidelines, the request for the right knee arthroscopy cannot be considered medically necessary.