

Case Number:	CM14-0013020		
Date Assigned:	02/24/2014	Date of Injury:	12/30/2011
Decision Date:	08/14/2014	UR Denial Date:	01/23/2014
Priority:	Standard	Application Received:	01/31/2014

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:

The patient is a 46 year old female with a 12/30/11 date of injury. Prior surgical history includes right knee arthroscopy on 7/25/12. Intraoperatively there was evidence of limited chondromalacia of the patella and femoral trochlea. Most recently on 1/13/14 the patient reported persistent medial joint line pain in the right knee with popping. Clinically there was a mildly antalgic gait, trace effusion, tenderness of the medial joint line anteriorly, full range of motion, crepitation, and mild tenderness over the posterior tibial tendon of the right ankle. A reported MRI performed one year post-op indicated evidence of a radial tear in the posterior horn of the meniscus. The patient does not wish a steroid injection, and has had extensive PT. A 1/17/13 MRI of the right knee revealed postsurgical blunting at the posterior antibody of the medial meniscus from postsurgical trimming; free edge fraying, but no evidence of recurrent tear. The lateral meniscus was intact without evidence of a tear. Diagnoses include knee pain, plantar fasciitis, chondromalacia patella, and arrangement of the posterior horn of the medial meniscus. Repeat arthroscopic surgery was recommended.

IMR ISSUES, DECISIONS AND RATIONALES

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

REPEAT ARTHROSCOPIC INSPECTION OF THE KNEE AND PROBABLE DISTAL MEDIAL MENISCAL SURGERY: 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): 344. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and leg chapter; meniscectomy.

Decision rationale: The patient is status post right knee arthroscopy with meniscectomy on 7/25/12. This request obtained an adverse determination due to lack of documented rendered conservative treatment. The ACOEM Guidelines states that arthroscopic partial meniscectomy usually has a high success rate for cases where there is clear evidence of a meniscus tear, symptoms other than simply pain, and consistent findings on MRI. In addition, the ODG criteria for meniscectomy include failure of conservative care. The postoperative MRI dated 1/17/13 in fact did not document a meniscal re-tear and only free edge fraying. The lateral meniscus was intact without evidence of a tear. It is not clear why the patient refused a steroid injection, and extent of conservative treatment rendered remains unclear. As such, the request is not medically necessary and appropriate.