MAXIMUS Federal Services

Case Number:	CM14-0110619		
Date Assigned:	08/01/2014	Date of Injury:	07/12/2009
Decision Date:	09/11/2014	UR Denial Date:	06/17/2014
Priority:	Standard	Application Received:	07/15/2014

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, has a subspecialty in Orthopedic Sports Medicine and is licensed to practice in Maryland. 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 worker is a 41 year old male whose date of injury is 07/02/09 due to slip and fall. Initial orthopedic evaluation report dated 06/04/14 indicated that the injured worker was treated conservatively with physical therapy and chiropractic, but remained symptomatic. The injured worker also received 4 epidural injections. The injured worker states that his back pain is more than the knee, but his knee is equally having constant pain during activities with pain mostly on the medial side of the joint with minimal swelling. On examination the injured worker is 5'9" tall and 220 pounds. Left knee exam revealed that the injured worker walks with abnormal gait favoring the right leg. There is normal alignment of the knee. There is no increased warmth in the left knee compared to the right. There is patellofemoral joint crepitation which is painful. The injured worker is tender over the medial joint line with a positive Apley test and negative McMurray test. Ligamentous stability is intact. Range of motion is 0-125 degrees left knee and 0-130 on the right. X-rays on this date were unremarkable. No radiology report was submitted for review, but MRI of the left knee dated 03/13/13 reportedly showed type 2 signal in posterior horn of the medial meniscus.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left knee arthroscopy poss. medial meniscectomy: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343-345. Decision based on Non-MTUS Citation ODG (Official Disability Guidelines) (Knee Chapter).

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

Decision rationale: ACOEM provides that surgical consultation may be indicated for patients who have activity limitation for more than one month and have failed conservative care including exercise programs. The injured worker reportedly has failed to respond to conservative care including physical therapy; however, there were no physical therapy progress reports documenting the nature and extent of therapy for the injured worker's left knee. The records indicate that MRI showed no meniscal tear. Moreover, the qualified medical evaluation report dated 02/21/14 noted that there was no evidence of a knee injury during the first 2 years after the date of injury. ACOEM notes that meniscectomy has a high success rate in cases where there is clear evidence of a meniscus tear (symptoms other than simply pain, such as locking, popping, giving way, recurrent effusion). There are no such findings reported in the documentation submitted for review. On previous review it was noted that the requesting physician intended for the arthroscopic surgery to address chondromalacia of the patella, but no chondral defects or chondromalacia were identified on imaging. Also, the injured worker was offered a steroid injection on 06/04/14 and was to decide if he wished to pursue such injection at the next visit. There is no subsequent documentation of follow-up as to whether or not the injured worker agreed to the injection. Based on the clinical information provided, the request for left knee arthroscopy poss. medial meniscectomy is not supported as medically necessary.