

Case Number:	CM14-0111604		
Date Assigned:	08/01/2014	Date of Injury:	05/23/2013
Decision Date:	09/09/2014	UR Denial Date:	06/26/2014
Priority:	Standard	Application Received:	07/17/2014

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 Orthopaedic 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 30-year-old male sustained an industrial injury on 5/23/13. Injury occurred when he fell approximately 5 feet off a ladder landing on his feet with immediate onset of left knee pain. His conservative treatment included anti-inflammatory medication, activity modification, bracing, injections, and physical therapy. The 6/6/14 left knee magnetic resonance imaging (MRI) impression documented an anterior horn lateral meniscus tear with small associated parameniscal cyst, old meniscal capsular separation with a healed defect of the coronary ligament attachment to the medial meniscus, and old sprains of the medial collateral and anterior cruciate ligaments. The 6/17/14 treating physician report cited persistent mild to moderate medial and anterolateral left knee pain with clicking. Pain increased with heavy activity, deep bending, stooping, and squatting. The patient was unable to work. Left knee exam documented unrestricted range of motion with no crepitus in the patellofemoral joint and normal patellar tracking. There was medial joint line tenderness and positive medial and lateral McMurray's test. There was no varus or valgus stress laxity. There was medial discomfort with valgus stress. Anterior and posterior drawer tests were negative. The patient had failed conservative treatment with continued symptomatology and MRI findings of lateral and medial meniscus pathology. A left knee arthroscopy with partial lateral meniscectomy and possible medial meniscus repair was requested. The 6/26/14 utilization review denied the request for left knee surgery as the recent MRI was not available for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left knee arthroscopy with arthroscopic partial lateral meniscectomy and evaluation for possible medical meniscus repair.: Overturned

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): 343-345.

Decision rationale: The California MTUS state that surgical consideration 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. The California MTUS 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, recurrent effusion), clear objective findings, and consistent findings on imaging. Guideline criteria have been met. This patient has subjective, objective, and imaging findings consistent with meniscal pathology. Comprehensive conservative treatment has failed to provide improvement. The patient is unable to return to work due to functional limitations. Therefore, this request for left knee arthroscopy with arthroscopic partial lateral meniscectomy and evaluation for possible medical meniscus repair is medically necessary.