

Case Number:	CM14-0130340		
Date Assigned:	08/20/2014	Date of Injury:	06/05/2011
Decision Date:	09/18/2014	UR Denial Date:	07/23/2014
Priority:	Standard	Application Received:	08/14/2014

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:

This 55-year-old female food clerk sustained an industrial injury on 6/5/11. Injury occurred while cutting cheese with a wire cutter. Past surgical history was positive for right knee surgery in 2008. The patient underwent right thumb surgery on 11/16/11, right thumb carpometacarpal arthroplasty on 2/28/12, and removal of hardware on 4/10/12. The 8/15/13 right knee MRI impression documented findings of partial medial meniscectomy, anterior cruciate ligament partial tear, posterior cruciate ligament partial tear, medial femoral tibial joint osteoarthritis and diffuse chondromalacia, lateral patellar tilting and subluxation, evidence of lateral patellar retinaculum partial tear, and grade 2/3 patella chondromalacia. There were findings suggestive of recurrent tear or an old scar in the posterior horn of the medial meniscus. The radiologist recommended MR arthrogram of the knee. The 5/19/14 treating physician report cited grade 6/10 right knee pain. Physical exam documented right knee range of motion 0-100 degrees with patellofemoral crepitus. There were positive McMurray's test and 4-/5 knee extensor strength on the right. The diagnosis included right knee osteoarthritis/degenerative joint disease, anterior/posterior cruciate tear, and lateral meniscus tear. The treatment plan requested right knee arthroscopy with meniscal repairs as the patient had failed to respond to conservative treatment measures. The 7/23/14 utilization review denied the request for right knee meniscal surgery as there was no clear evidence of a meniscal tear, no mechanical symptoms, and no clinical documentation of failed physical therapy, medications, or activity modification.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Knee Arthroscopy Meniscal Repair: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343-345. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg, Meniscectomy.

Decision rationale: The California MTUS guidelines state that arthroscopic partial meniscectomy may be highly successful in cases with clear evidence of a meniscus tear; symptoms other than pain, clear signs of a bucket handle tear on exam, and consistent findings on MRI. The Official Disability Guidelines criteria for meniscectomy include conservative care (exercise/physical therapy and medication or activity modification) plus at least two subjective clinical findings (joint pain, swelling, feeling or giving way, or locking, clicking or popping), plus at least two objective clinical findings (positive McMurray's, joint line tenderness, effusion, limited range of motion, crepitus, or locking, clicking, or popping), plus evidence of a meniscal tear on MRI. Guideline criteria have not been met. There is no documentation of mechanical symptoms. There is no detailed documentation that recent comprehensive pharmacologic and non-pharmacologic conservative treatment had been tried and failed. There is no clear evidence of a medial meniscus tear on the conventional MRI of 8/15/13. The radiologist recommended MR arthrogram to evaluate for recurrent medial meniscus tear, which does not appear to have been performed. Therefore, this request of right Knee Arthroscopy Meniscal Repair is not medically necessary and appropriate.