MAXIMUS Federal Services

Case Number:	CM14-0131685		
Date Assigned:	08/20/2014	Date of Injury:	03/13/2014
Decision Date:	09/23/2014	UR Denial Date:	08/06/2014
Priority:	Standard	Application Received:	08/18/2014

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 52-year-old male with a 3/13/14 date of injury. The exact mechanism of injury has not been described. On 7/24/14, the patient reports 6/10 intermittent pain with prolonged driving. The patient experienced just over one month's worth of pain relief, but now the pain returned. Objective exam: normal gait, full weight-bearing. There is moderate medial joint line tenderness and mild decreased flexion to bilateral knees. There is a positive right knee McMurray's test. Negative anterior/posterior drawer, varus/valgus stress, Lachman's test. Neurovascular exam is intact. MRI of the right knee on 4/15/14 shows a focal complex tear of the medial meniscus and a mild joint effusion. Diagnostic Impression is Medial Meniscus tear, Popliteal cyst, effusion. Treatment to date: acupuncture, PT x 12, A UR decision dated 8/6/14 denied the request because th patient is not having mechanical signs or symptoms such as popping, catching or locking. The patient only has mild joint line tenderness. Imaging studies do not indicate the presence of a definite surgical lesion, only a focal complex meniscus tear is identified. There is no objective evidence of mechanical instability.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right knee arthroscopy, partial meniscectomy & Chondroplasty: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

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 Chapter: Chondroplasty.

Decision rationale: CA MTUS 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, clear signs of a bucket handle tear on examination, and consistent findings on MRI. In addition, ODG criteria for meniscectomy include failure of conservative care. ODG does not recommend chondroplasty in the absence of a focal chondral defect on MRI. However, there is no documentation of instability on examination. The patient's only complaint in regards to the knee is pain. There were no significant findings on knee MRI such as a large meniscal tear or chondral defect. On examination, the patient only had medial joint line tenderness and a positive McMurray's test. He is noted to ambulate without a limp and be fully weight-bearing. There is no documentaiton of instability such as locking, popping, or giving out. Therefore, the request for Right knee arthroscopy, partial meniscectomy, and chrondroplasty was not medically necessary.