

Case Number:	CM14-0155292		
Date Assigned:	09/25/2014	Date of Injury:	07/06/2012
Decision Date:	10/31/2014	UR Denial Date:	09/09/2014
Priority:	Standard	Application Received:	09/23/2014

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 Texas. 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 44-year-old female who reported an injury on 07/06/2012 due to an unknown mechanism. Diagnoses included right knee meniscal tear, status post partial medial meniscectomy with continued pain, and left knee, small posterior horn meniscal tear. Past treatments included physical therapy, Orthovisc injection, and aquatic therapy. Surgical history includes a right knee partial medial meniscectomy. Diagnostic studies include an unofficial MRI of the left knee that was noted to show a small radial tear of the posterior medial meniscus as well as some Grade II signal changes along the horn of the medial meniscus. It was noted the official read of the MRI noted no meniscal tear; however, the provider believed there was a small tear. Physical examination on 08/21/2014 revealed the injured worker had a prior right knee partial meniscectomy. It was reported that over the past 3 to 4 weeks, the injured worker was having increased buckling in the left knee and increased symptoms in the left knee. It was noted the physical examination was unchanged. The injured worker continued to have diffuse joint line tenderness, trace effusion, and no instability, warmth, erythema, lymphedema or skin lesions. Sensation was intact to light touch. Recommendation for treatment was for partial meniscectomy of the left knee. On 09/18/2014, it was noted the injured worker returned for her left knee with continued pain. It was noted her physical examination was unchanged. She continued to have joint line tenderness. Pain with McMurray's testing was noted. The provider noted no instability, warmth, or edema. The current medications were not provided. The treatment plan included a request for a left knee partial meniscectomy as well as a joint injection and postoperative physical therapy. The Request for Authorization was not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Arthroscopic partial meniscectomy of the left knee: Upheld

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

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

Decision rationale: The request for arthroscopic partial meniscectomy of the left knee is not medically necessary. The California MTUS/ACOEM Guidelines state that arthroscopic partial meniscectomy usually has a high success rate 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 signs of bucket handle tear on examination (tenderness over the suspected tear, but not over the entire joint level, and perhaps lack of full passive flexion); and consistent findings on MRI. However, injured workers suspected of having meniscal tears, but without progressive or severe activity limitation, can be encouraged to live with symptoms to retain the protective effect of the meniscus. If symptoms are lessening, conservative methods can maximize healing. Arthroscopy and meniscus surgery may not be equally beneficial for those injured workers who are exhibiting signs of degenerative changes. The injured worker was recommended for a partial meniscectomy of the left knee. The physical examination findings included joint line tenderness and pain with McMurray's testing with no instability, warmth, or edema. The injured worker was also noted to have had a previous partial meniscectomy of the right knee. The physical examination findings provided do not clearly identify the left knee. The official MRI of the left knee was not submitted for review. There were no reports of locking, popping, or giving way, or recurrent effusion of the left knee. Range of motion values was not provided. There is a lack of documentation indicating the failure of conservative measures for the left knee. The clinical information submitted for review does not provide sufficient evidence to support the request for arthroscopic partial meniscectomy of the left knee. Therefore, this request is not medically necessary.

Medical clearance: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Preoperative testing, general

Decision rationale: As the requested surgical intervention is not supported by the documentation, the requested associated service is also not supported.

