

Case Number:	CM14-0167189		
Date Assigned:	10/14/2014	Date of Injury:	02/23/1996
Decision Date:	11/17/2014	UR Denial Date:	09/30/2014
Priority:	Standard	Application Received:	10/10/2014

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 64-year-old male forklift driver sustained an industrial injury on 2/23/96, relative to a slip and fall. The 4/18/14 right knee MRI impression documented mild lateral positioning of the patella relative to the trochlear groove with quadriceps fat pad edema. There was an intra-articular ganglion cyst in the posterior intra-condylar notch, approximately 1 cm. There was degenerative fraying in the posterior horn of the lateral meniscal root. The 5/19/14 treating physician report indicated that the patient had difficulty over the weekend getting up and down from the forklift due to pain. He had resorted to using a cane and the knee was locking up on him. Physical exam documented point tenderness along the joint line, range of motion 5-110 degrees, and McMurray's was very painful with a click. The diagnosis was probable meniscal tear. The treatment plan noted one corticosteroid injection that did not work. Two additional injections were recommended followed by arthroscopic surgery if not improved. The 9/9/14 treating physician report cited complaints of right knee medial joint line pain with catching and locking. Functional difficulty was noted in ascending/descending stairs. Physical exam documented medial joint tenderness, range of motion 5-90 degrees, and mild effusion. McMurray was tender with a click. The diagnosis was probable meniscal tear. MRI evidence was inconclusive for meniscal tear, but the patient had mechanical symptoms. He could have synovial tissue that is catching with pain. The patient underwent extensive physical therapy in the past. He had 3 injections, and the last one only lasted about one day. Authorization was requested for right knee arthroscopic surgery with possible meniscectomy and synovectomy. The 9/30/14 utilization review denied the request for right knee arthroscopy as there was no detailed documentation of conservative treatment or imaging evidence of medial meniscus pathology.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Knee Arthroscopic Meniscectomy/Synovectomy: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343-4 & 344-5.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343-345,347. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg, Meniscectomy

Decision rationale: 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, and/or recurrent effusion), clear objective findings, and consistent findings on imaging. 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. Imaging findings did not evidence a meniscal tear consistent with exam findings. Evidence of a recent, reasonable and/or comprehensive non-operative treatment protocol trial and failure, including exercise/physical therapy, has not been submitted. Therefore, this request is not medically necessary.