

Case Number:	CM14-0173933		
Date Assigned:	10/27/2014	Date of Injury:	07/24/2014
Decision Date:	12/04/2014	UR Denial Date:	10/06/2014
Priority:	Standard	Application Received:	10/22/2014

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 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 59 year old male with a date of injury on July 24, 2014. The injury occurred when he was stepping down from a flatbed truck and his knee bent backwards and twisted. The September 9, 2014 right knee x-ray conclusion documented mild osteoarthritis with a well maintained joint space but early secondary degenerative changes noted. The September 24, 2014 treating physician report indicated the injured worker's symptoms had improved since receipt of an injection. There was still pain with certain steps or movement. Physical exam documented body mass index 30.73, antalgic gait favoring the right knee, mild varus deformity, no effusion, medial joint line tenderness to palpation, and range of motion 0-135 degrees. There was mild instability with solid endpoints in mid-flexion, and positive McMurray and patellar grind tests. The diagnosis was right knee mild osteoarthritis with likely medial meniscus tear. The treatment plan recommended right knee arthroscopy with partial medial meniscectomy and chondroplasty. The October 6, 2014 utilization review denied the request for right knee arthroscopic partial medial meniscectomy and chondroplasty as there were no imaging studies submitted that showed a medial meniscus tear or chondral deficit, and there was no documentation suggestive of participation in an exercise program.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right knee arthroscopy, partial medial meniscectomy, chondroplasty as needed: Upheld

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, 347. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee and Leg, Meniscectomy, Chondroplasty

Decision rationale: The California Medical Treatment Utilization Schedule 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 magnetic resonance imaging. Guideline criteria for chondroplasty include evidence of conservative care (medication or physical therapy), plus joint pain and swelling, plus effusion or crepitus or limited range of motion, plus a chondral defect on magnetic resonance imaging. Guideline criteria have not been met. There is no evidence of symptoms other than pain. There is no imaging evidence available to support the medical necessity of this surgical request relative to a meniscal tear or chondral defect. Evidence of a reasonable and/or comprehensive non-operative guideline-recommended treatment protocol trial and failure has not been submitted. Therefore, this request is not medically necessary.