

Case Number:	CM14-0178444		
Date Assigned:	10/31/2014	Date of Injury:	02/21/2013
Decision Date:	12/08/2014	UR Denial Date:	09/30/2014
Priority:	Standard	Application Received:	10/28/2014

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 66-year-old male who reported an injury on 02/21/2013 while working as a bartender. He was walked to the locker room and slipped on a hanger on the floor, struck his knee on the chair when he was falling to the ground, landed on a concrete surface on his back. He was bleeding from his knee and felt immediate pain to the lower back, right hand, both hips, and in both knees. The injured worker complained of lower back pain and left knee pain with a diagnosis of lumbar sprain/strain, hypertrophic facet disease at the lumbar spine, left lower extremity radiculopathy, and internal derangement of the left knee. The MRI of the right knee dated 08/15/2014 revealed mild sprain of the medial collateral ligament as well as mild chronic partial tear versus tendinopathy with intermediate signal involving the medial collateral ligament; thinning and splaying of the anterior cruciate ligament, however, intact fibers; an ACL insufficiency with buckling and thickening of the posterior cruciate ligament which may represent a chronic partial tear versus tendinopathy; and small joint effusion. There was mild chondromalacia involving the patellar articular cartilage as well as the tibial eminences. The clinical notes dated 09/23/2014 revealed increased pain to the right knee with activities of daily living and continued with pain and tenderness to palpation over the right knee. Prior treatments included physical therapy (5 sessions), acupuncture, and medication. The treatment plan included a right knee medial arthroscopy. The request for authorization dated 10/31/2014 was submitted with documentation. The rationale for the arthroscopy was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right knee Subacromial Decompression and video arthroscopy: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation Knee Complaints, Knee and Leg Chapter

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

Decision rationale: The California MTUS/ACOEM Guidelines indicate that surgical interventions are recommended only with the following criteria such as activity limitation for more than one month and failure of exercise programs to increase range of motion and strength of the musculature around the knee. Arthroscopic partial meniscectomy usually has a high success rate for cases in which there is clear evidence of a meniscus tear - symptoms other than simply pain (locking, popping, giving way, recurrent effusion); clear signs of a bucket handle tear on examination (tenderness over the suspected tear but not over the entire joint line, and perhaps lack of full passive flexion); and consistent findings on MRI. However, patients 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. In patients younger than 35, arthroscopic meniscal repair can preserve meniscal function, although the recovery time is longer compared to partial meniscectomy. Arthroscopy and meniscus surgery may not be equally beneficial for those patients who are exhibiting signs of degenerative changes. The clinical notes provided dated 09/23/2014 did not provide any objective findings that warrant a surgical procedure. The diagnosis was for the left knee. There is no diagnosis for the right knee for internal derangement. Additionally, there is no documentation of a failed exercise program or failed conservative care. No medications were noted. As such, the request is not medically necessary.