

Case Number:	CM14-0024638		
Date Assigned:	06/11/2014	Date of Injury:	10/03/2011
Decision Date:	10/15/2014	UR Denial Date:	01/28/2014
Priority:	Standard	Application Received:	02/26/2014

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:

The patient is a 52 year old male who sustained an industrial injury on 10/03/2011. He had series of viscosupplementation injections with four months of relief in the past. Right knee MRI on 12/13/2013 reveals: 1. there has been attenuation of the posterior horn and mild-segment of the medial meniscus, which I presume is from prior partial medial meniscectomy, but clinical correlation in this regard is suggested. 2. Findings of early osteoarthritis on the medial aspect of the tibiofemoral joint. 3. Small joint effusion. According to the most recent chart note, dated 1/23/2014, the patient presents for re-check of his right knee, with recurrent pain since a work-related injury. He continues to have medial-sided joint line pain. He was in an unloader brace with mild to moderate relief. He has pain with squatting and severe pain at the end of the day with intermittent swelling. He denies history of knee injury prior to work-related injury. Assessment is right knee medial meniscus tear, complex; right knee medial compartment arthritis. He continues to work. He has occasional catching while at work. Knee arthroscopy with partial medial meniscectomy and chondroplasty shaving is recommended. According to 1/27/2014 report, a tesla MRI of the right knee is recommended.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right knee arthroscopy with partial medial meniscectomy and debridement: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 344-345.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 344-345. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and leg, Meniscectomy.

Decision rationale: According to the CA MTUS/ACOEM guidelines, arthroscopic 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. In the case of this patient, it is not evident that the patient has significant functional limitations/deficits. In addition, failure of conservative care has not been established. Given that the patient does not meet the criteria for the proposed surgery, and the fact that he has been treating for right knee OA, the medical records fail to establish medial meniscectomy is medically necessary.