

Case Number:	CM14-0028974		
Date Assigned:	06/16/2014	Date of Injury:	07/25/2011
Decision Date:	07/25/2014	UR Denial Date:	02/06/2014
Priority:	Standard	Application Received:	03/06/2014

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 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 50-year-old male driver sustained an industrial injury on 7/25/13, when he slipped and twisted his left knee getting out of a truck. The 9/6/13 left knee MRI documented no ligament tear, no medial or lateral meniscus tear, and grade 2 chondromalacia in the median eminence of the patella. Findings noted small knee joint effusion and small leaking popliteal cyst. There was a linear grade 2 signal in the posterior horn which did not extend to the inferior articular surface of the medial meniscus. There was a linear grade 2 signal in the body of the lateral meniscus that did not extend to the inferior articular surface. The 1/2/14 chart note cited subjective complaint of knee pain. Objective findings documented knee pain, full functional range of motion, and 4+/5 strength. The 1/30/14 treating physician report cited persistent anterior left knee pain and swelling. Pain was reported with prolonged standing and walking. Difficulty was reported with kneeling and squatting. Catching was reported over the anterior aspect of the knee. Left knee physical exam documented range of motion 0-130 degrees, small effusion, 1 to 2+ crepitation, diffuse patellofemoral tenderness, medial and lateral joint line tenderness, equivocal McMurray's test, normal stability exam, slightly antalgic gait, slightly limited coordination, and intact neurovascular exam. The diagnosis was left knee pain and swelling with patellar chondrosis. The patient had failed to progress with six months of conservative treatment, including oral medications, activity modification, physical therapy, independent exercise, and intra-articular injection. MRI demonstrated increased signal within the medial meniscus without clear evidence of meniscal tear. There were chondral changes, joint effusion and a small popliteal cyst. He was unable to return to his usual and customary occupation. A left knee arthroscopy with partial meniscectomy and chondroplasty was recommended. The 2/6/14 utilization review denied the request for left knee arthroscopy as the objective lower extremity evaluation did not discuss patella or quadriceps examination.

IMR ISSUES, DECISIONS AND RATIONALES

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

LEFT KNEE ARTHROSCOPY: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg, Chondroplasty, Meniscectomy.

Decision rationale: The California MTUS does not provide recommendations for chronic knee conditions. 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. 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 MRI. Guideline criteria have been met. The patient has failed comprehensive conservative treatment over the course of 6 months. He is unable to return to regular work. Subjective complaints include knee pain, swelling, and catching. Exam documents slightly antalgic gait, effusion, crepitation, slight weakness, diffuse patellofemoral tenderness, and medial and lateral joint line tenderness. MRI findings do not document clear evidence of meniscal tear. There was grade 2 chondromalacia patella documented. Therefore, this request for left knee arthroscopy is medically necessary.