

Case Number:	CM14-0031727		
Date Assigned:	06/20/2014	Date of Injury:	10/08/2013
Decision Date:	08/05/2014	UR Denial Date:	02/25/2014
Priority:	Standard	Application Received:	03/13/2014

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 56-year-old male who reported an injury on 10/08/2013. The injured worker reportedly sustained a right knee injury when he jumped out of a big rig truck that caught on fire. The previous conservative treatment includes physical therapy, injections, and medication management. The current diagnoses include lateral meniscus tear and osteoarthritis of the knee. The injured worker was evaluated on 01/27/2014 with complaints of persistent right knee pain. Physical examination of the right knee revealed small effusion, normal alignment, negative atrophy, 180 degrees extension, 135 degrees flexion, negative crepitus, intact sensation, 5/5 motor strength, and negative McMurray's testing. X-rays obtained in the office on that date indicated a flattening of the lateral and medial femoral condyle and narrowing of the medial compartment to 2 mm. Treatment recommendations at that time included anti-inflammatory medication and a possible arthroscopy with meniscectomy. It was also noted that the injured worker underwent an MRI of the right knee on 12/17/2013, which indicated moderate to advanced chondromalacia in the lateral tibial plateau with evidence of an osteochondral/subchondral injury, mild chondromalacia patella with mild progression, mild thickening of the quadriceps and patellar tendons, and foreshortened appearance of the posterior horn lateral meniscus with an oblique internal signal indicating postoperative change versus possible re-tear.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Knee arthroscopy with medial and lateral meniscectomy: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee Meniscectomy.

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

Decision rationale: The California MTUS/ACOEM Practice Guidelines state a referral for surgical consultation may be indicated for patients who have activity limitation for more than 1 month and a failure of exercise programs to increase range of motion and strength of the musculature around the knee. Arthroscopic partial meniscectomy has a high success rate for cases in which there is clear evidence of a meniscus tear, with 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 and lack of full passive flexion); and consistent findings on MRI. Arthroscopic meniscus surgery may not be equally beneficial for those patients who are exhibiting signs of degenerative changes. As per the documentation submitted, the injured worker has exhausted conservative treatment. However, the injured worker's physical examination on the requesting date revealed negative tenderness to palpation, negative crepitus, 5/5 motor strength, negative instability, and negative orthopedic testing. There is no documentation of any significant positive examination findings. There is also no indication of a definite meniscus tear upon imaging study. Based on the clinical information received and the above-mentioned guidelines, the current request is not medically necessary.