

Case Number:	CM14-0038149		
Date Assigned:	06/25/2014	Date of Injury:	10/09/2013
Decision Date:	09/16/2014	UR Denial Date:	02/20/2014
Priority:	Standard	Application Received:	04/01/2014

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 45-year-old female who has submitted a claim for cervical spine and lumbar spine sprain/strain rule out herniated disc, chronic sprain of the right ankle, internal derangement of the left knee, chronic sprain and strain of the bilateral wrists rule out evidence of carpal tunnel syndrome, left greater trochanteric bursitis rule out radiculopathy of the left lower extremity associated with an industrial injury date of October 9, 2013. The medical records from 2013 were reviewed. The patient complained of left knee pain. Physical examination showed tenderness of the medial and lateral joint line of the left knee. Range of motion of the knee was full on extension and flexion. MRI of the left knee (undated) revealed tear on the posterior horn of medial meniscus and left collateral ligament partial tear. Treatment to date has included medications, physical therapy, aqua therapy, chiropractic therapy, and activity modification. A utilization review, dated February 20, 2014, denied the request for left knee arthroscopy, partial meniscectomy versus meniscal repair because the records did not document subjective complaint of a mechanical nature as recommended prior to considering surgical treatment, the records did not document physical examination findings that would support surgical treatment, and there was no documentation of failure of appropriate conservative treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left Knee Arthroscopy, Partial Meniscectomy vs. Meniscal Repair: Upheld

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

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

Decision rationale: Page 344 of CA MTUS ACOEM Practice Guidelines does not support arthroscopic surgery in the absence of objective mechanical signs, such as locking, popping, giving way, or recurrent effusion or instability, and consistent findings on MRI, in the management of knee injuries. In addition, failure of conservative care is an indication for knee surgery as stated in ODG. In this case, patient complained of left knee pain. MRI of the left knee (undated) revealed tear on the posterior horn of medial meniscus and left collateral ligament partial tear. However, there was no evidence of objective mechanical signs, effusion, and instability based on the history and physical examination. Furthermore, there was no mention regarding failure of conservative treatment. Guideline criteria were not met. Therefore, the request for Left Knee Arthroscopy, Partial Meniscectomy vs. Meniscal Repair is not medically necessary.