

Case Number:	CM14-0038677		
Date Assigned:	06/27/2014	Date of Injury:	10/01/2012
Decision Date:	08/15/2014	UR Denial Date:	03/21/2014
Priority:	Standard	Application Received:	04/02/2014

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:

This 43-year-old male route sales representative sustained an industrial injury on 10/1/12, relative to a slip and fall. The patient reported twisting his left knee while pushing a dolly up a walkway on 1/7/14 with onset of sharp pain. The patient did not report the 2012 injury until January 2014. The 1/27/14 left knee MRI impression documented a negative examination with no meniscal tear identified. The 3/5/14 orthopedic report cited left knee pain and pain at night. Physical exam documented medial joint line tenderness, no laxity to varus/valgus stress, range of motion 0-135 degrees, and positive McMurray's test. MRI review showed abnormal signal in the posterior horn of the medial meniscus consistent with degeneration. The patient had continued symptoms. Left knee arthroscopy was recommended. The 3/6/14 treating physician visit note documented moderate to severe intermittent left knee pain with swelling, crepitation and leg weakness. Left knee physical exam documented medial edema, palpable pain over the medial joint line, and crepitus with range of motion. Range of motion was normal. Quadriceps strength was 4/5. McMurray's test was positive. There was no evidence of instability. The patient was to follow-up with the orthopedic surgeon. He was released to regular work. Records indicated that the patient had attended 12 visits of physical therapy, used a knee brace, and modified his activity. The 3/21/14 utilization review denied the request for left knee surgery and assistant surgeon as there was no imaging evidence of meniscal tear or chondral defect consistent with guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left Knee Scope Meniscectomy with Possible Chondroplasty: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343-345. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg, Chondroplasty.

Decision rationale: The California MTUS guidelines state that arthroscopic partial meniscectomy may be highly successful in cases with clear evidence of a meniscus tear, symptoms other than pain, clear signs of a bucket handle tear on exam, and consistent findings on MRI. However, arthroscopy and meniscus surgery may not be equally beneficial for those patients who are exhibiting signs of degenerative changes. The Official Disability Guidelines 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 not been met. There is no clear imaging documentation of a meniscal tear or a chondral defect to support the medical necessity of the requested surgeries. There is no detailed documentation that recent comprehensive pharmacologic and non-pharmacologic conservative treatment had been tried and failed. Therefore, this request for left knee scope meniscectomy with possible chondroplasty is not medically necessary.

Assistant Surgeon.: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Centers for Medicare and Medicaid services, Physician Fee Schedule.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.