MAXIMUS Federal Services

Case Number:	CM14-0038968		
Date Assigned:	06/27/2014	Date of Injury:	04/18/2008
Decision Date:	08/19/2014	UR Denial Date:	03/19/2014
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 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 57-year-old male general laborer sustained an industrial injury on 4/18/08. Injury occurred when he fell off a 6-foot ladder to the floor, landing on the right side of his body. The 11/15/13 right knee MR arthrogram impression showed prior meniscectomy changes involving the posterior horn and body of the medial meniscus with no re-tear and moderate chondral fissuring involving the lateral patellar facet. The 11/15/13 right knee x-rays demonstrated moderate joint effusion and mild chondrocalcinosis of the medial and lateral menisci. The 2/19/14 orthopedic report cited grade 7-10/10 right knee pain with weakness and occasional giving way. He reported popping, clicking, and catching. Difficulty was noted with stooping, squatting, and prolonged standing and walking. Objective findings documented range of motion 0-140 degrees. He walked with a limp. There was tenderness over the medial and lateral joint lines, positive swelling, positive McMurray's, negative Lachman's, and negative drawer, varus and valgus stress testing. The diagnosis was right medial meniscus tear. A right knee arthroscopy with partial medial meniscectomy was requested. The 2/25/14 Panel Qualified Medical Evaluators (PQME) recommended additional conservative treatment including bracing and viscosupplementation. The 3/19/14 utilization review denied the request for right knee surgery based on a lack of documented failure of comprehensive conservative treatment and no imaging findings of meniscal 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 partial medial menisectomy: Upheld

Claims Administrator 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 Chapter (Acute and Chronic), Surgical Considerations.

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, Meniscectomy.

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 provide specific criteria for meniscectomy that 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. Guideline criteria have not been met. Records indicate that the patient underwent a medial meniscectomy sometime between 2011 and 2013. There are postsurgical changes noted on the 11/15/13 MRI with no documentation of a medial meniscus re-tear. There is no detailed documentation that recent comprehensive pharmacologic and non-pharmacologic conservative treatment had been tried and failed. Given the failure to meet guideline criteria, this request for right knee arthroscopy with partial medial meniscectomy is not medically necessary.

Pre-operative medical clearance: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

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

Post-operative physical therapy sessions, unknown quantity: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

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