

Case Number:	CM14-0052333		
Date Assigned:	07/07/2014	Date of Injury:	06/07/2013
Decision Date:	09/24/2014	UR Denial Date:	04/11/2014
Priority:	Standard	Application Received:	04/21/2014

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 47-year-old male who reported an injury on 06/07/2013. The mechanism of injury was not stated. The current diagnosis is synovitis involving the lower leg. The injured worker was evaluated on 10/03/2013. It was noted that the injured worker was scheduled for a left knee arthroscopy, debridement, and meniscectomy on 10/03/2013. Physical examination on that date revealed normal findings. The injured worker was then prepared for the surgical procedure.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pre-op Medical Clearance: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 1020-1021. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee & Leg (updated 01/20/14), ODG Indications for Surgery-Chondroplasty; <http://www.guideline.gov/content.aspx?id=38289;>.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Preoperative Testing, General.

Decision rationale: Official Disability Guidelines state preoperative testing should be guided by the patient's clinical history, comorbidities, and physical examination findings. There is no indication of any comorbidities or a significant medical history that would warrant the need for preoperative medical clearance. As the medical necessity has not been established. The request is non-certified.

Left Knee Arthroscopy, Debridement, 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, Knee & Leg, Chondroplasty.

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 Leg, Meniscectomy.

Decision rationale: The request for left knee Arthroscopy, Debridement, and Meniscectomy is not medically necessary. The CA MTUS/ACOEM states arthroscopic meniscectomy usually has a high success rate for cases in which there is evidence of a meniscus tear with symptoms other than simply pain. Injured workers should have locking, popping, giving way or recurring effusion, clear signs of a bucket handle tear on examination and consistent findings on MRI. However, injured workers suspected of having meniscal tears, but without progressive or severe activity limitation can be encouraged to live with the symptoms to retain the protective effect of the meniscus. If symptoms are lessening, conservative methods can maximize healing. In injured workers younger than 35, arthroscopic meniscal repair can preserve meniscal function, although the recovery time is longer compared to partial meniscectomy. Arthroscopy and meniscus surgery may not be really beneficial for those injured workers who are exhibiting signs of degenerative changes. The Official Disability Guidelines further state that a meniscectomy is indicated below for symptomatic meniscal tears for younger patients and for traumatic tears. Not recommended for osteoarthritis (OA) in the absence of meniscal findings, or in older patients with degenerative tears until after a trial of PT/exercise. The clinical documentation noted an antalgic gait with full weight bearing bilaterally, restricted ROM with end range pain, and pain to palpation at the entire medial joint line. There was lack of documentation of imaging studies. The injured worker is status post arthroscopic partial medial meniscectomy, debridement, and synovectomy, 10-17-2013. The guidelines do not support surgical intervention for meniscectomy without clear objective documentation of pathology and diagnostic imaging and limitations on the examination and failure of conservative treatment. As such, the request is non-certified.