

Case Number:	CM14-0064632		
Date Assigned:	07/11/2014	Date of Injury:	03/03/2014
Decision Date:	08/18/2014	UR Denial Date:	04/30/2014
Priority:	Standard	Application Received:	05/07/2014

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 sustained an industrial injury on 3/3/14. Injury occurred when he slipped off the curb and fell onto his left knee. He reported immediate onset of sharp left knee pain and failure to improve with rest, Motrin and bracing at home. Past surgical history was positive for left knee arthroscopy with partial medial meniscectomy and chondroplasty on 9/10/08. Initial exam findings on 3/7/14 documented moderate medial joint line tenderness, mild patellofemoral facet tenderness, and range of motion 0-120 degrees with medial knee discomfort at terminal flexion. McMurray's was positive. Ligaments were stable to valgus, varus, anterior drawer and posterior drawer testing. The diagnosis was left knee strain. The patient was treated with Motrin, ice/heat, home range of motion, and bracing as needed. The patient was re-examined on 3/19/14 and expressed concern about re-injury to the meniscus. MRI was ordered and orthopedic consult arranged. The 3/21/14 left knee MRI impression documented findings consistent with a tear of the posterior horn and body of the medial meniscus, and a small parameniscal cyst adjacent to the posterior horn extending from the meniscal tear. There were findings suggestive of intrasubstance degenerative changes of the lateral meniscus, however early meniscal tears were not entirely excluded. There was mild to moderate thinning of the articular cartilage of the medial femoral condyle and medial tibial plateau with normal underlying bone marrow. The patient underwent left knee arthroscopy with partial medial meniscectomy and chondroplasty on 3/26/14. Operative findings documented a displacement type tear of the posterior horn of the medial meniscus, diffuse grade 3 and 4 chondromalacia of the medial femoral condyle, no lateral meniscus tear, and diffuse grade 1 chondromalacia of the lateral joint line. The 4/30/14 utilization review denied the retrospective request for left knee arthroscopy on 3/25/14 based on a failure to meet guideline criteria and no indication of a locked knee which would have warranted immediate surgical referral.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left Knee Arthroscopy with Meniscectomy (Done on 3/25/14): Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343. Decision based on Non-MTUS Citation Official Disability Guidelines: Knee Chapter.

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

Decision rationale: The California MTUS state that surgical consideration may be indicated for patients who have activity limitation for more than one month and failure of exercise programs to increase range of motion and strength of the musculature around the knee. The California MTUS guidelines support arthroscopic partial meniscectomy for cases in which there is clear evidence of a meniscus tear including symptoms over than simply pain (locking, popping, giving way, and recurrent effusion), clear objective findings, and consistent findings on imaging. Guideline criteria were met. There was recurrent medial knee pain reported in the pre-operative period, along with a positive MRI for recurrent tear with a meniscal cyst. There was evidence of a failure of reasonable non-operative treatment of medications and restricted activities. Therefore, this request for left knee arthroscopy with meniscectomy on 3/25/14 was medically necessary.