

Case Number:	CM14-0072639		
Date Assigned:	07/16/2014	Date of Injury:	11/08/2013
Decision Date:	09/11/2014	UR Denial Date:	05/02/2014
Priority:	Standard	Application Received:	05/19/2014

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 is a 57-year-old purchasing manager who sustained a vocational injury on 11/08/13 when a 300 to 500 pound pallet fell on his left knee. The report of radiographs dated 11/12/13 did not identify any fracture and showed overall normal alignment without significant joint disease. The report of an MRI of the left knee from 12/16/13 showed linear signal of the anterior horn of the lateral meniscus, essentially equivocally extending into the articular surface. The report of an MR arthrogram of the left knee dated 03/19/14 showed a fatty mass within the posterolateral knee involving the superior aspect of the lateral gastrocnemius muscle that could have represented a benign lipoma. It also appeared to have a thickened internal septation which raised the possibility of a well-differentiated liposarcoma. There was an area of focal chondromalacia within the weight bearing aspect of the medial femoral condyle. There was a small degenerative tear of the posterior horn of the medial meniscus. There was mild tendinosis of the proximal patellar tendon. The office visit of 04/21/14 noted complaints of left knee pain described as aching and intermittent. On exam there was no erythema, swelling, or ecchymosis. The patient had negative McMurray, Lachman, drawer, and pivot shift tests. He ambulated with a normal gait and range of motion was noted to be within normal limits. He was given a diagnosis of degenerative tear of the posterior horn of the medial meniscus. The follow up visit on 07/16/14 noted that the patient was taking Tylenol, doing physical therapy, acupuncture, as well as attempting Ibuprofen but continued to experience pain. Examination of the left knee showed no erythema, swelling, or ecchymosis. There was mild posterior knee swelling. No effusion or warmth was noted. There was tenderness in the posterior knee slightly lateral. Strength and alignment were within normal limits. No crepitus was noted. McMurray's, Lachman's, drawer, pivot shift tests were all negative to the bilateral knees. The patient had a normal gait with no obvious palpable mass at the posterior knee. Range of motion was within normal limits

bilaterally. He was given the diagnosis of left knee posterior knee lipoma versus liposarcoma versus other musculoskeletal tumor. It was reported in the 07/16/14 office note plan that a previous physician had recommended a knee scope for meniscus tear but the current provider did not feel that this was indicated and that it was unlikely that the patient had a meniscus tear at all. The current request is for an arthroscopic debridement of the left knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

Arthroscopic debridement left knee: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation, Chapter 13 Knee Complaints Page(s): 343-345.

Decision rationale: The California MTUS ACOEM Guidelines recommend that prior to considering surgical intervention for meniscus tears, the patient should have clear evidence of a meniscus tear with subjective complaints which includes locking, popping, giving way, recurrent effusion, or mechanical complaints and not simply just complaints of pain. California MTUS ACOEM Guidelines also note that there should be clear signs of a bucket handle tear on exam which includes tenderness over the suspected tear but not over the entire joint line, perhaps lack of full passive flexion, and positive McMurray's testing. In addition there should be consistent findings on MRI. Current documentation fails to establish that the patient has subjective complaints of mechanical symptoms and abnormal physical exam objective findings consistent with meniscal pathology. In addition, diagnostic testing has failed to corroborate that he has clear signs of meniscus pathology; instead there are concerns of a liposarcoma which does not appear to have been worked up recently. In addition, the documentation indicates that the most recent provider's opinion from 07/16/14 clearly felt the claimant did not have a meniscus tear due to subjective complaints and abnormal physical exam objective findings and clearly recommended not proceeding with arthroscopic evaluation and meniscectomy of the left knee. Therefore, based on the documentation presented for review and in accordance with California MTUS ACOEM Guidelines, the request for the arthroscopic debridement of the left knee cannot be considered medically necessary.