

Case Number:	CM14-0073193		
Date Assigned:	07/16/2014	Date of Injury:	01/17/2013
Decision Date:	08/14/2014	UR Denial Date:	04/24/2014
Priority:	Standard	Application Received:	05/20/2014

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 55-year-old female clothing processor sustained an industrial injury on 1/17/13 relative to repetitive work duties. The 3/7/13 right knee MRI impression documented moderate joint effusion and a complex grade III lateral meniscus tear. The 11/4/13 knee x-ray impression documented mild degenerative arthritic changes bilaterally. The 2/3/14 treating physician report cited right knee pain with difficulty in ambulation and weight bearing activities. Right knee exam findings documented posteromedial and anteromedial tenderness, range of motion 5-90 degrees, and positive McMurray's and Apley's grinding tests. The 4/21/14 orthopedic follow-up report cited severe right knee pain with difficulty in ambulation, weight bearing, and activities of daily living. Right exam documented posteromedial tenderness, range of motion 5-90 degrees, and inability to squat or duck walk. The diagnosis was right knee internal derangement. The treatment plan recommended right knee surgery. The 4/24/14 utilization review denied the request for right knee arthroscopic surgery based on absence of documented clinical exam findings to support medical necessity consistent with guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right knee arthroscopic surgery: 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): 344-345.

Decision rationale: The California MTUS state that surgical referral 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. 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, recurrent effusion), clear objective findings (tenderness over the suspected tear), and consistent findings on imaging. Guideline criteria have not been met. There is no clinical exam evidence of symptoms other than pain. There is no documentation that guideline-recommended conservative treatment has been tried and has failed. Therefore, this request for right knee arthroscopic surgery is not medically necessary.