

Case Number:	CM14-0081727		
Date Assigned:	07/18/2014	Date of Injury:	10/01/2013
Decision Date:	08/26/2014	UR Denial Date:	05/15/2014
Priority:	Standard	Application Received:	06/03/2014

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 41-year-old male sustained an industrial injury on 10/1/13. Injury occurred when a pallet was dropped on this right foot and he twisted his knee trying to get out from underneath. The 2/20/14 treating physician report cited pain and swelling despite therapy and medications. Physical exam documented range of motion 0-125 degrees with medial joint line tenderness. There was no instability. McMurray's sign was positive. The 3/31/14 right knee MRI impression documented meniscal degeneration but no tear and mild pre-patellar bursitis. There was mild cartilage loss in the medial and lateral compartments with thinning of the cartilage but no underlying osteochondritis dissecans. There was a small joint effusion without loose body. The 5/12/14 orthopedic progress report cited right knee pain and swelling. The patient had medial or lateral joint line tenderness with range of motion 0-125 degrees and positive McMurray's. The diagnosis was right meniscus tear. The treatment plan recommended right knee arthroscopy with possible meniscectomy versus repair. The 5/15/14 utilization review denied the request for right knee diagnostic arthroscopy as the clinical picture and imaging did not agree.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Knee Diagnostic Arthroscopy: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

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, Diagnostic arthroscopy.

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 other than simply pain (locking, popping, giving way, and recurrent effusion), clear objective findings, and consistent findings on imaging. The Official Disability Guidelines recommend diagnostic arthroscopy when clinical indications are met. Indications include medications or physical therapy, plus pain and functional limitations despite conservative treatment, and imaging is inconclusive. Guideline criteria have been met. This patient presents with persistent right knee pain and swelling consistent with functional limitations. Physical exam findings are consistent with meniscal pathology. There is imaging evidence of meniscal degeneration and medial and lateral compartment cartilage loss. Conservative treatment has included activity modification, physical therapy, and medications without improvement. Therefore, this request for right knee diagnostic arthroscopy is medically necessary.