

Case Number:	CM14-0087547		
Date Assigned:	07/23/2014	Date of Injury:	09/23/2010
Decision Date:	12/03/2014	UR Denial Date:	05/15/2014
Priority:	Standard	Application Received:	06/11/2014

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:

The injured worker is a 65-year-old female who reported injury on 09/23/2010. The mechanism of injury was a fall. The documentation indicated the injured worker had an MRI on 11/29/2010 that revealed medial and lateral meniscus tearing with tricompartmental degenerative changes. Prior treatments included physical therapy. Prior treatments included a left knee arthroscopy. The documentation of 10/16/2013 revealed the injured worker had complaints of right knee pain with mechanical symptoms including catching, popping, clicking, and occasional giving way. The physical examination revealed the injured worker had 0/140 degrees with pain and end range of flexion. The injured worker had a tender medial joint line. The injured worker had tender patellar facets and had a positive McMurray's test. The diagnoses included right knee pain and mechanical symptoms, right knee medial meniscus tear and right knee chondromalacia. The physician documented the injured worker failed physical therapy, anti-inflammatories, a home exercise program and steroid injection. The treatment plan included a right knee arthroscopy with partial medial meniscectomies and chondroplasty. Additionally the request was made for postoperative physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Knee arthroscopy/surgery: Upheld

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

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

Decision rationale: The American College of Occupational and Environmental Medicine indicate surgical consultations may be appropriate for injured workers who have activity limitation for more than 1 month and failure of exercise programs to increase range of motion and strength of the musculature around the knee. They further indicate that an arthroscopic partial meniscectomy usually has a high success rate in which there is clear evidence of a meniscus tear including symptoms other than simply pain which include locking, popping, giving way or recurrent effusion and clear signs of a bucket handle tear on examination and consistent findings on MRI. The clinical documentation submitted for review failed to provide documentation of the official MRI report to support that there was a tear. There documentation of a failure of conservative care. The request as submitted failed to indicate the specific surgical procedure and laterality for the procedure. Given the above, the request for knee arthroscopy surgery is not medically necessary.