

Case Number:	CM14-0087754		
Date Assigned:	07/23/2014	Date of Injury:	10/01/2013
Decision Date:	08/27/2014	UR Denial Date:	05/30/2014
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 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 61-year-old female sustained an industrial injury on 10/1/13. The injury occurred when she was pulling napkins from a press and felt a pop in her knee. The patient underwent right medial meniscectomy with chondroplasty on 2/24/14. The 5/5/13 treating physician progress report cited slow progressive improvement in her right knee synovitis and pain with an intra-articular injection 4 weeks prior. The patient was advanced to a home exercise program. There was increased left knee pain along the medial and lateral joint line with associated synovitis, catching, and locking. The left knee MRI performed 12/3/13 was reviewed and showed what appeared to be a myxoid degenerative of the lateral meniscus with a horizontal cleavage tear of the lateral meniscus. Left knee exam documented lateral joint line tenderness, range of motion 5-120 degrees, and mildly positive McMurray's with click and catching of the lateral joint line. Medial collateral, anterior cruciate, and lateral collateral ligaments were stable to varus/valgus and anterior/posterior stress. The patient wished to proceed with left knee arthroscopy and intra-articular shaving. The 5/21/14 physical therapy progress report indicated that the patient had completed 8 visits with good gains relative to decreased inflammation/edema, pain and massage. There was increased strength and range of motion. Left knee range of motion was full, right knee range of motion was 0-130 degrees. Left lower extremity strength was 5/5, right knee strength was 4/5. The 5/30/14 utilization review denied the request for left knee arthroscopy and associated pre-operative clearance based on an absence of imaging findings to support the medical necessity of the requested surgery consistent with guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left knee video arthroscopy with lateral meniscectomy and possible intra-articular shaving: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343-345. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Indications for Surgery.

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, Chondroplasty.

Decision rationale: 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, recurrent effusion), clear objective findings, and consistent findings on imaging. The Official Disability Guidelines provide criteria for chondroplasty that includes evidence of conservative care (medication or physical therapy), plus joint pain and swelling, plus effusion or crepitus or limited range of motion, plus a chondral defect on MRI. Guideline criteria have not been met. The patient had undergone recent physical therapy with good improvement documented. There is no imaging report available for review. The treating physician documented imaging findings of a lateral meniscus tear; there was no documentation of a chondral defect. Given the absence of imaging consistent with guidelines, this request for left knee video arthroscopy with lateral meniscectomy and possible intra-articular shaving is not medically necessary.

Pre-operative clearance (EKG, chest x-ray, routine venipuncture, and office consultation with an occupational medicine doctor): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 11th edition (web), 2013, Low Back.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation As the request for left knee video arthroscopy with lateral meniscectomy and possible intra-articular shaving is not medically necessary, the associated request for pre-operative clearance (EKG, chest x-ray, routine venipuncture, and office consultation with an occupational medicine doctor) is not medically necessary.

Decision rationale: As the request for left knee video arthroscopy with lateral meniscectomy and possible intra-articular shaving is not medically necessary, the associated request for pre-operative clearance (EKG, chest x-ray, routine venipuncture, and office consultation with an occupational medicine doctor) is not medically necessary.