

Case Number:	CM14-0089960		
Date Assigned:	09/10/2014	Date of Injury:	10/10/2011
Decision Date:	10/22/2014	UR Denial Date:	05/29/2014
Priority:	Standard	Application Received:	06/13/2014

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 56 year old female claimant with an industrial injury dated 10/10/11. The patient is status post a bilateral L4 medial branch facet rhizotomy, and a L5-S1 posterior rami facet rhizotomy on 01/13/14; along with a bilateral L4-S1 medial branch block on 11/11/13. Exam note 04/29/14 states the patient returns with right knee pain. The patient rates the pain a 10/10, and the pain is constant, radiating down the ankle with numbness and tingling. Upon physical exam there is tenderness to palpation over the lumbar paraspinal muscles. Knee flexion is noted as 100' on the right, and the patellar compression is positive. MRI of the right knee demonstrates abnormal signal at the apical aspects of the anterior horn and interbody of the medial meniscus compatible with tears. Also there was a thin linear horizontal increased signal is noted in the posterior horn of the lateral meniscus extending to the tibial articular surface, representing cleavage tear. There is increased signal intensity in the mid and distal thirds of the anterior cruciate ligament on the inversion recovery and gradient echo pulse sequences suggesting a partial tear or mutinous degeneration. There is a Grade 2 and 3 patella chondromalacia in which is noted as well. Treatment includes a right knee arthroscopic surgery.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient right knee arthroscopic surgery with [REDACTED]: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 344-345. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg, Meniscectomy

Decision rationale: The MTUS ACOEM Chapter 13 Knee Complaints, pages 344-345, states regarding meniscus tears, Arthroscopic partial meniscectomy usually has a high success rate for cases in which there is clear evidence of a meniscus tear-symptoms other than simply pain (locking, popping, giving way, recurrent effusion). According to ODG Knee and Leg section, Meniscectomy section, states indications for arthroscopy and meniscectomy include attempt at physical therapy and subjective clinical findings, which correlate with objective examination and MRI. In this case the exam notes from 4/29/14 do not demonstrate evidence of adequate course of physical therapy or other conservative measures. In addition there is lack of evidence in the cited records of meniscal symptoms such as locking, popping, giving way or recurrent effusion. Therefore Outpatient right knee arthroscopic surgery with [REDACTED] is not medically necessary.