

Case Number:	CM13-0022036		
Date Assigned:	03/19/2014	Date of Injury:	05/02/2013
Decision Date:	04/03/2015	UR Denial Date:	08/29/2013
Priority:	Standard	Application Received:	09/10/2013

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Orthopedic Surgery, Sports Medicine

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 54-year-old female who reported an injury on 05/02/2013. The mechanism of injury was not stated. The current diagnoses include torn left medial meniscus and torn left lateral meniscus. The injured worker presented on 08/06/2013 with complaints of persistent pain with prolonged standing and walking. The injured worker reported popping and clicking with twisting and turning of the knee. Upon examination, there was exquisite medial and lateral joint line tenderness, slight crepitus, small effusion, positive McMurray's sign, midline patellar tracking, and 0 to 120 degree range of motion. Recommendations included arthroscopic medial and lateral meniscectomy.

IMR ISSUES, DECISIONS AND RATIONALES

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

LEFT KNEE ARTHROSCOPIC MEDICAL AND LATERAL MENISECTOMY: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 1020-1021.

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

Decision rationale: The California MTUS/ACOEM Practice Guidelines state a referral for surgical consultation may be indicated for patients who have activity limitation for more than 1 month and failure of exercise programs. Arthroscopic partial meniscectomy has a high success rate for cases in which there is clear evidence of a meniscus tear with symptoms other than simply pain. According to the documentation provided, the injured worker underwent an MRI of the left knee on 06/25/2013, which revealed a complete tear of the posterior horn of the lateral meniscus and a degenerative tear of the anterior horn of the medial meniscus. The injured worker also had significant tricompartmental chondromalacia and osteoarthritis. In this case, there was no documentation of an attempt at any conservative management prior to the request for arthroscopic surgery. Additionally, the California MTUS/ACOEM Practice Guidelines state arthroscopy and meniscus surgery is not equally beneficial for those patients exhibiting signs of degenerative changes. The injured worker has evidence of tricompartmental osteoarthritis. Given the above, the request is not medically appropriate in this case.

PER-OPERATIVE MEDICAL CLEARANCE: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.