

Case Number:	CM13-0035151		
Date Assigned:	12/13/2013	Date of Injury:	06/08/2013
Decision Date:	03/13/2015	UR Denial Date:	09/30/2013
Priority:	Standard	Application Received:	10/16/2013

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 06/08/2013. The mechanism of injury was noted to be the injured worker tripped and fell over some material that was on the floor. The injured worker's medications were noted to include naproxen 550 mg, Prilosec 20 mg, and Medrox lotion. Prior therapies included physical therapy x12 sessions. The injured worker had an x-ray on 06/11/2013 which was noted to be negative. The injured worker underwent MRI of the left knee on 08/24/2013 which revealed there was a complex radial tear in the body of the medial meniscus. There was a near full thickness chondrosis in the lateral patellar facet articular cartilage, but no full thickness defect or subcortical changes. There were minimal changes in the trochlear groove articular cartilage without full thickness defect or subcortical changes. There was mild prepatellar edema. Surgical history was not provided. Documentation of 08/15/2013 revealed the injured worker had complaints of ongoing knee pain. The injured worker was noted to have an MRI of the right knee which revealed no significant abnormality. The diagnosis included musculoligamentous strain, right and left knee contusion with underlying degenerative joint disease. The treatment plan included authorization for a right knee arthroscopy and a left knee MRI. Surgical history was noncontributory. The injured worker was noted to receive a cortisone injection in her right knee which helped slightly. Other therapy additionally included physical therapy. The injured worker underwent an MRI of the right knee on 07/2016/2013 which revealed the medial meniscus showed some irregularity and truncation along the inner edge consistent with a tear especially with a large radial tear in the posterior aspect of the body of the medial meniscus at its junction with the posterior horn.

Lateral meniscus was within normal limits. There was no request for authorization submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right knee arthroscopy: 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), Knee and Leg

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 a surgical consultation may be appropriate for injured workers who have activity limitation for more than 1 month and a failure of an exercise program to increase range of motion and strength of musculature around the knee. Additionally, they indicate that arthroscopic partial meniscus usually has a high success rate for cases where there is clear evidence of meniscus tear including symptoms other than pain, locking, popping, giving way or recurrent effusion and clear signs of a bucket handle tear on examination including tenderness over the suspected tear, but not over the entire joint line or perhaps lack of full passive flexion. There should be consistent findings on MRI. The MRI submitted for review indicated the injured worker may have a probable tear. However there was a lack of documentation of a specific tear. The physical examination failed to include objective findings. The request as submitted failed to indicate the specific procedure being requested. Given the above, the request for right knee arthroscopy is not medically necessary.