

Case Number:	CM14-0001818		
Date Assigned:	01/22/2014	Date of Injury:	02/10/2007
Decision Date:	12/24/2015	UR Denial Date:	12/11/2013
Priority:	Standard	Application Received:	01/06/2014

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. 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: Minnesota, Florida
 Certification(s)/Specialty: Orthopedic Surgery

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 39 year old male, who sustained an industrial injury on February 10, 2007. He reported injury to his left knee. The injured worker was currently diagnosed as having left knee pain and left knee medial meniscus tear. Treatment to date has included diagnostic studies and medication. On September 12, 2013, an MRI of the knee showed no evidence for meniscal tear with intact cruciate and collateral ligament complexes, mild patellar chondromalacia involving the lateral patellar facet and mild patellar tendon tendinitis. On October 31, 2013, notes stated that it looked like he had a medial meniscus tear causes a very large grade 2-grade 3 signal in the posterior horn of the medial meniscus. This finding was noted to not be reflected in the MRI report. It was also reported that he has grade 1 chondromalacia on the lateral facet patella. On December 18, 2013, the injured worker complained of left knee pain with mechanical symptoms of popping and clicking. Physical examination of the left knee revealed positive bounce home, McMurray's and Apley's compression distraction test with medial joint line pain. Range of motion was noted to be 0-130 degrees. An MRI was noted to have been misread. After reviewing the MRI, the treating physician stated that he "clearly has a medial meniscus tear." The treating physician was asking that this be re-read by a different radiologist. The treatment plan included left knee arthroscopy with medial meniscectomy, re-read of the left knee MRI and a follow-up visit. On December 11, 2013, utilization review denied a request for outpatient left knee arthroscopy with medial meniscectomy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient Left Knee Arthroscopy with Medial Meniscectomy: Upheld

Claims Administrator guideline: Decision based on MTUS Knee Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Knee Complaints 2004, Section(s): Surgical Considerations.

Decision rationale: The injured worker tripped on a drape cord coming off a ladder and fell onto his left knee. The date of injury was 2/10/2007. The diagnosis at that time was retropatellar pain for which she was seen on 4/12/2007. On 8/26/2013 he had full range of motion, no palpable crepitus and no instability but he did have positive patellar inhibition. There was no effusion present. The official MRI report of 9/12/2013 pertaining to the left knee without contrast is noted. The clinical history was that of retropatellar pain. The findings demonstrated no evidence for meniscal tear with intact cruciate and collateral ligament complexes and mild patellar chondromalacia involving the lateral patellar facet without fissuring or cartilaginous thinning area there was mild patellar tendon tendinitis also noted. The procedure requested on 11/6/2013 was left knee arthroscopy with meniscectomy and debridement. A request for authorization dated 11/21/2013 indicated subjective complaints of left knee pain. Range of motion was from 0-130. He had a positive bounce home, McMurray's and Apley's compression distraction test with medial joint line pain. There was no lateral joint line pain. He had no pain with patellofemoral compression. The ligaments were intact. The diagnosis was left knee medial meniscal tear the appeal was for left knee arthroscopy with medial meniscectomy. This was based upon the treating physicians interpretation of the MRI which differed from the radiologist's interpretation. A revised radiology interpretation has not been submitted. California MTUS guidelines indicate 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 such as locking, popping, giving way, recurrent effusion, clear signs of a bucket handle tear on examination with tenderness over the suspected tear but not over the entire joint line and perhaps lack of full passive flexion and consistent findings on MRI. Although the clinical impression is that of a medial meniscal tear, the MRI does not support that impression. The official MRI report does not indicate a medial meniscal tear. As such, the request for arthroscopy with medial meniscectomy is not medically necessary and the medical necessity of the request has not been substantiated.