

Case Number:	CM14-0187024		
Date Assigned:	11/17/2014	Date of Injury:	03/01/2013
Decision Date:	01/05/2015	UR Denial Date:	10/07/2014
Priority:	Standard	Application Received:	11/10/2014

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:

According to the records made available for review, this is a 58-year-old female with a 3/1/13 date of injury. At the time (10/7/14) of request for authorization for right knee arthroscopy, there is documentation of subjective (right knee pain with clicking sensation that has been present for more than a year) and objective (antalgic gait, medial and lateral joint line pain, positive patellofemoral compression, McMurray, and Shake tests, range of motion 0 to 90 degrees) findings, imaging findings (reported right knee MRI (5/7/13) include a lateral meniscal tear, medial meniscal tear, and some chondromalacia; report not available for review), current diagnoses (lateral and medial meniscal tears in the right knee with chondromalacia and early mild to moderate arthritis), and treatment to date (medications, activity modification, and home exercise program). 7/8/14 medical report identifies a request for right knee arthroscopy, partial medial and partial lateral meniscectomies and possible chondroplasty. There is no documentation of an imaging report.

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

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, Diagnostic Arthroscopy and Meniscectomy

Decision rationale: MTUS reference to ACOEM guidelines state that referral for surgery may be indicated for patients who have: activity limitation for more than one month and failure of exercise programs to increase the range of motion and strength of the musculature around the knee. In addition, MTUS reference to ACOEM Guidelines identifies that 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); clear signs of a bucket handle tear on examination (tenderness over the suspected tear but not over the entire joint line, and perhaps lack of full passive flexion); and consistent findings on MRI, as criteria necessary to support the medical necessity of meniscectomy. ODG identifies documentation of conservative care (medications or Physical therapy), subjective findings (pain and functional limitations continue despite conservative care) and imaging findings (imaging is inconclusive), as criteria necessary to support the medical necessity of a diagnostic arthroscopy. In addition, ODG identifies documentation of conservative care (Physical therapy or Medication or Activity modification), at least two symptoms (Joint pain or Swelling or Feeling of give way or Locking, clicking, or popping), at least two findings (Positive McMurray's sign or Joint line tenderness or Effusion or Limited range of motion or Locking, clicking, or popping or Crepitus), and imaging findings (Meniscal tear on MRI), as criteria necessary to support the medical necessity of meniscectomy. Within the medical information available for review, there is documentation of diagnoses of lateral and medial meniscal tears in the right knee with chondromalacia and early mild to moderate arthritis. In addition, there is documentation of conservative care (medication and activity modification), at least two symptoms (Joint pain and clicking), at least two findings (Positive McMurray's and Joint line tenderness). However, despite the medical reports' reported imaging findings (right knee MRI identifying a lateral meniscal tear, medial meniscal tear, and some chondromalacia), there is no documentation of an imaging report. Therefore, based on guidelines and a review of the evidence, the request for Right Knee Arthroscopy is not medically necessary.