MAXIMUS Federal Services

Case Number:	CM14-0191711		
Date Assigned:	11/25/2014	Date of Injury:	12/09/2013
Decision Date:	01/21/2015	UR Denial Date:	10/09/2014
Priority:	Standard	Application Received:	11/17/2014

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 Minnesota. 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:

The injured worker is a 59 year old female who was injured on 12/9/2013 when a bakery rack was pushed against the right side of her body. A progress note of 7/29/2014 documents a history of low back pain, bilateral hip pain, right knee pain, and right hand pain and numbness. Other symptoms included fatigue, headaches, history of depression, and sleep disturbance. There was occasional popping and occasional giving way of the knee. An MRI scan of the knee was reported to show medial collateral ligament sprain, and a discoid lateral meniscus but no evidence of a meniscal tear. Past history was remarkable for diabetes and osteoporosis. Surgical history was positive for left shoulder surgery. On 8/29/2014 the symptoms included right knee pain and low back pain. There was a herniation at L5-S1. ESI was scheduled. On 9/26/2014 the ESI helped. Right knee pain with popping and giving way persisted. Arthroscopy was requested. The disputed issue pertains to UR non-certification of the surgery because of the absence of a documented meniscal tear on the MRI. The official MRI report was not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right knee arthroscopy with meniscectomy: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343, 344, 345.

Decision rationale: California MTUS guidelines indicate surgical considerations when there is activity limitation and failure of exercise programs to increase the range of motion and strength of the muscles around the knee. Arthroscopic partial meniscectomy is indicated when there is clear evidence of a symptomatic meniscal tear with popping, effusions, and giving way and evidence of tenderness over the tear and not the entire joint line and consistent findings on the MRI. The MRI as reported in the medical records did not show any evidence of a meniscal tear. The only findings were a discoid lateral meniscus and a medial collateral ligament sprain. The official Radiology report is not submitted. Based upon the above, the guideline criteria have not been met and the medical necessity of the requested arthroscopy is not substantiated.