MAXIMUS Federal Services

Case Number:	CM14-0195552		
Date Assigned:	12/03/2014	Date of Injury:	11/09/2006
Decision Date:	01/28/2015	UR Denial Date:	11/06/2014
Priority:	Standard	Application Received:	11/21/2014

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 51-year-old diabetic male with a history of right knee injury while repairing a roof on November 9, 2006. He underwent arthroscopy of the right knee with partial meniscectomy in October 2013. He improved with the surgery but continued to have pain. Per recent progress report of 10/24/2014 he also complains of left knee pain. An MRI scan of the left knee was reported to show a meniscal tear. However, the MRI report is not submitted. He has a positive McMurray and 5-110 range of motion of the left knee with no documented effusion. An x-ray of the right knee was said to show narrowed medial compartment which measured 2 mm. The right knee has been treated with intra-articular steroids but there is no documentation of the same pertaining to the left knee. There is also no documentation of a conservative treatment program consisting of physical therapy or a supervised home exercise program for the left knee. Per utilization review a standing x-ray of the left knee revealed significant medial compartment joint space narrowing. The radiology report is not submitted. The treating physician requested arthroscopy with meniscectomy of the left knee. This was noncertified by utilization review as there was no MRI scan for review and arthroscopy is not indicated in the presence of degenerative arthritis. The request for left knee operative arthroscopy with meniscectomy has now been appealed to independent medical review. However, the x-ray report pertaining to the left knee or the MRI report have not been submitted. Documentation of conservative treatment with corticosteroid injections and physical therapy has also not been provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left Knee Operative Arthroscopy with Meniscectomy: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 344-345.

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

Decision rationale: California MTUS guidelines indicate surgical considerations if there is failure of an exercise program to increase the range of motion and strength of the musculature around the knee. Arthroscopic partial meniscectomy is indicated if there are mechanical symptoms such as locking, popping, giving way, or recurring effusions and clear signs of a meniscal tear with tenderness over the tear and not over the entire joint line and consistent findings on the MRI scan. However, the MRI report has not been submitted. Mechanical symptoms pertaining to the left knee have not been documented. There is a question of degenerative arthritis with significant narrowing of the medial joint space of the left knee on x-rays per utilization review report. However, the radiology report has not been provided and so this will not be taken into consideration. In the absence of the MRI report, the request for arthroscopy with partial meniscectomy is not supported by guidelines. There is no documentation of conservative care of the left knee with an exercise program to increase the range of motion and strength or corticosteroid injections such as those given for the right knee. Based upon the above, the guideline criteria have not been met and the medical necessity of the request for left knee operative arthroscopy with meniscectomy is not substantiated.