

Case Number:	CM14-0196808		
Date Assigned:	11/26/2014	Date of Injury:	09/03/2010
Decision Date:	01/16/2015	UR Denial Date:	11/13/2014
Priority:	Standard	Application Received:	11/24/2014

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 Physical Medicine & Rehabilitation, has a subspecialty in Pain Medicine, Spinal Cord Medicine and is licensed to practice in Massachusetts. 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 claimant has a history of a work injury occurring on 09/03/10. She continues to be treated for knee pain. She has undergone multiple surgeries. An MRI of the left knee on 10/22/14 with a clinical history of pain, popping, and locking for four years was unchanged from a prior scan in February 2013. There were post meniscectomy changes of the medial meniscus and findings of chondromalacia. She was seen by the requesting provider on 11/13/14. She was having low back and left lower extremity pain. Pain was rated at 6-9/10. Physical examination findings included an antalgic gait. She had decreased lumbar spine range of motion with paraspinal muscle tenderness and muscle spasms. There was left knee medial joint line tenderness. She has decreased left lower extremity strength and decreased sensation. Authorization for a left total knee replacement and lumbar epidural steroid injection were requested. Anaprox, omeprazole, trazodone, and tramadol were prescribed.

IMR ISSUES, DECISIONS AND RATIONALES

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

L KNEE ARTHROSCOPIC PARTIAL MEDIAL MENISECTOMY AND CHONDROPLASTY: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Knee & Leg (Acute & Chronic) Meniscectomy (2) Knee & Leg (Acute & Chronic), Chondroplasty

Decision rationale: The claimant is more than 4 years status post work-related injury and has undergone multiple knee surgeries. She continues to be treated for knee pain. Criteria for a consideration of a meniscectomy or meniscus repair include a failure of conservative care and clinical findings at least two of the following: positive McMurray's sign, joint line tenderness, an effusion, limited range of motion, locking, clicking, or popping, or crepitus. In this case the requesting provider documents joint line tenderness without other clinical findings that would meet the above criteria. Criteria for consideration of chondroplasty include findings of a chondral defect by MRI which is not documented in this case. Therefore, the requested left knee arthroscopic partial medial meniscectomy with chondroplasty is not medically necessary.