

Case Number:	CM14-0206146		
Date Assigned:	12/18/2014	Date of Injury:	04/16/2012
Decision Date:	02/11/2015	UR Denial Date:	12/01/2014
Priority:	Standard	Application Received:	12/09/2014

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:

The patient is a 59-year-old male who has submitted a claim for tear of medial cartilage / meniscus of left knee associated with an industrial injury date of 4/26/2012. Medical records from 2014 were reviewed. The patient complained of left knee pain rated 6/10 in severity aggravated by walking, standing, running, kneeling, squatting and lifting. Physical therapy, medications, rest and ice alleviated the pain. He likewise complained of weakness and swelling. Physical examination of the left knee showed tenderness on the prepatellar bursa, knee flexion measured at 120 degrees, and intact muscle strength. Varus and valgus stress tests were stable. McMurray's and pivot shift tests were negative. The Anatomical Impairment Measurements (AiM) report of the left knee from 9/2/2014 showed that significant loss of the cartilage interval was not present to qualify for an impairment percentage based on the AMA guidelines. The MRI of the left knee, dated 7/18/2012, demonstrated an oblique tear on the inferior aspect of posterior horn of medial meniscus. There was focal subchondral erosion in the anterior portion of medial tibial plateau. Treatment to date has included right knee arthroplasty, physical therapy, activity restriction, chiropractic care and medications. The utilization review from 12/1/2014 stated that the patient had a left knee surgery on 8/29/1994. The current treatment plan is for diagnostic arthroscopy with medial meniscectomy of the left knee. The utilization review from 12/1/2014 denied the request for left knee diagnostic arthroscopy with medial meniscectomy because the submitted records failed to document at least two symptoms and two signs to justify the requested surgery. There was also no imaging evidence for meniscal tear.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left knee diagnostic arthroscopy with medial meniscectomy: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Indications for Surgery - Diagnostic Arthroscopy

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee and Leg Section, Diagnostic arthroscopy.

Decision rationale: Page 344 of CA MTUS ACOEM Practice Guidelines does not support arthroscopic surgery in the absence of objective mechanical signs, such as locking, popping, giving way, or recurrent effusion or instability, and consistent findings on MRI, in the management of knee injuries. In addition, the Official Disability Guidelines criteria for diagnostic arthroscopy include persistent pain and functional limitations recalcitrant to conservative care, when imaging is inconclusive. In this case, the patient complained of left knee pain rated 6/10 in severity aggravated by walking, standing, running, kneeling, squatting and lifting. Physical therapy, medications, rest and ice alleviated the pain. He likewise complained of weakness and swelling. Physical examination of the left knee showed tenderness on the prepatellar bursa, knee flexion measured at 120 degrees, and intact muscle strength. Varus and valgus stress tests were stable. McMurray's and pivot shift tests were negative. This is a submitted request for diagnostic arthroscopy and medial meniscectomy. The Anatomical Impairment Measurements (AiM) report of the left knee from 9/2/2014 showed that significant loss of the cartilage interval was not present to qualify for an impairment percentage based on the AMA guidelines. The MRI of the left knee, dated 7/18/2012, demonstrated an oblique tear on the inferior aspect of posterior horn of medial meniscus. There was focal subchondral erosion in the anterior portion of medial tibial plateau. However, there are no significant objective findings presented to warrant surgery. Moreover, the utilization review from 12/1/2014 stated that the patient had a left knee surgery on 8/29/1994. Further information concerning the history of surgery is necessary. Moreover, it is unclear if the patient has exhausted conservative care. Therefore, the request for left knee diagnostic arthroscopy with medial meniscectomy is not medically necessary.