

Case Number:	CM14-0207689		
Date Assigned:	12/19/2014	Date of Injury:	03/15/2014
Decision Date:	02/11/2015	UR Denial Date:	11/07/2014
Priority:	Standard	Application Received:	12/11/2014

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 63-year-old female with a 3/15/14 date of injury. At the time (10/16/14) of the request for authorization for Right Knee arthroscopic surgery with possible meniscectomy vs repair vs possible microfracture, there is documentation of subjective (right knee pain and swelling) and objective (tenderness to the medial and lateral compartments, moderate effusion) findings, imaging findings (MRI right knee (8/6/14) report revealed findings consistent with tearing of the posterior horn of the medial meniscus and anterior horn of the lateral meniscus. Moderate joint effusion and osteoarthritis with marrow signal abnormality), current diagnoses (right knee medial and lateral meniscal tears and underlying osteoarthritis), and treatment to date (rest, activity modification, medication, physical therapy, brace, and cane).

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Knee arthroscopic surgery with possible meniscectomy vs repair vs possible microfracture: Overturned

Claims Administrator 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 Chapter, Meniscectomy

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 344-345. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee, Meniscectomy.

Decision rationale: 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 (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 right knee medial and lateral meniscal tears and underlying osteoarthritis. In addition, there is documentation of conservative care (physical therapy, medication, and activity modification), at least two symptoms (joint pain and swelling), at least two findings (tenderness and effusion), and imaging findings (Meniscal tear on MRI). Therefore, based on guidelines and a review of the evidence, the request for Right Knee arthroscopic surgery with possible meniscectomy vs repair vs possible microfracture is medically necessary.