

Case Number:	CM14-0207889		
Date Assigned:	12/19/2014	Date of Injury:	03/26/2014
Decision Date:	02/11/2015	UR Denial Date:	11/24/2014
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 45-year-old male with a 3/26/14 date of injury. At the time (8/22/14) of request for authorization for Right knee surgery and MR arthrogram of right knee, there is documentation of subjective (ongoing right knee medial joint pain with give way and difficulty climbing, with a sensation of instability) and objective (decreased right knee range of motion, tenderness over the right knee medial joint compartment, positive McMurray's test on the right, and mild crepitation to patellofemoral motion) findings, imaging findings (MRI of the right knee (4/8/14) report revealed findings compatible with a grade II tear of the medial collateral ligament, large amount of joint effusion, and degenerative changes of the medial and lateral menisci; MR arthrogram of the right knee (7/25/14) revealed medial meniscal tear of the anterior and posterior horns, lateral meniscal tear of the anterior horn and body, MCL partial tear, bone marrow edema, osteochondral lesions of the lateral femoral condyle and lateral tibial plateau, medial chondromalacia patella Grade 1/2, and medial tibiofemoral joint space narrowing), current diagnoses (right knee meniscal tear), and treatment to date (medication and physical therapy). Medical report identifies a request for right knee arthroscopy with meniscectomy. Regarding MR arthrogram of right knee, there is no documentation of a diagnosis/condition (with supportive subjective/objective findings) for which a repeat study is indicated (to follow up a surgical procedure or to diagnose a change in the patient's condition marked by new or altered physical findings).

IMR ISSUES, DECISIONS AND RATIONALES

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

Right knee surgery: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints, Chronic Pain Treatment Guidelines.

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 a diagnosis of right knee meniscal tear. In addition, there is documentation of a request for right knee arthroscopy with meniscectomy. Furthermore, there is documentation of conservative care (physical therapy and medication), at least two symptoms (joint pain and feeling of give way), at least two findings (positive McMurray's sign, joint line tenderness, limited range of motion, and crepitus), and imaging findings (meniscal tear on MRI). Therefore, based on guidelines and a review of the evidence, the request for right knee surgery is medically necessary.

MR arthrogram of right knee: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

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, MR arthrography; Other Medical Treatment Guidelines: Official Disability Guidelines (ODG) Minnesota Rules, 5221.6100 Parameters for Medical Imaging

Decision rationale: MTUS does not address this issue. ODG identifies documentation of a suspected residual or recurrent tear postoperatively, meniscal repair, or meniscal resection of more than 25%, as criteria necessary to support the medical necessity of MR arthrography of the knee. In addition, ODG identifies documentation of a diagnosis/condition (with supportive subjective/objective findings) for which a repeat study is indicated (such as: To diagnose a suspected fracture or suspected dislocation, to monitor a therapy or treatment which is known to result in a change in imaging findings and imaging of these changes are necessary to determine the efficacy of the therapy or treatment (repeat imaging is not appropriate solely to determine the

efficacy of physical therapy or chiropractic treatment), to follow up a surgical procedure, to diagnose a change in the patient's condition marked by new or altered physical findings) as criteria necessary to support the medical necessity of a repeat MR arthrogram. Within the medical information available for review, there is documentation of a diagnosis of right knee meniscal tear. In addition, there is documentation of a previous MR arthrogram of the right knee performed on 7/25/14. However, despite documentation of subjective (ongoing right knee medial joint pain with give way and difficulty climbing, with a sensation of instability) and objective (decreased right knee range of motion, tenderness over the right knee medial joint compartment, positive McMurray's test on the right, and mild crepitation to patellofemoral motion) findings, and given no documentation of a prior history of right knee surgery, there is no documentation of a diagnosis/condition (with supportive subjective/objective findings) for which a repeat study is indicated (to follow up a surgical procedure or to diagnose a change in the patient's condition marked by new or altered physical findings). Therefore, based on guidelines and a review of the evidence, the request for MR arthrogram of right knee is not medically necessary.