MAXIMUS Federal Services

Case Number:	CM14-0208783		
Date Assigned:	12/22/2014	Date of Injury:	07/30/2014
Decision Date:	03/09/2015	UR Denial Date:	12/11/2014
Priority:	Standard	Application Received:	12/12/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: California
Certification(s)/Specialty: Orthopedic Surgery, Sports Medicine

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 57-year-old female who reported an injury on 07/30/2014. The mechanism of injury was reported as a motor vehicle accident. Diagnoses included bilateral knee pain. Her past treatments were not provided within the documentation submitted for review. A clinical note dated 10/13/2014 indicates an x-ray of the left knee showed minimal joint space narrowing on the medial side, and the patellofemoral joint had some changes. Additionally, the clinical note states that an MRI of the left knee dated 08/08/2014 shows a medial meniscus tear with severe medial greater than lateral chondromalacia of the patella. An MRI of the right knee done on 08/08/2014 shows a faint tear of the medial portion of the medial meniscus to the inferior articular surface. There is medial greater than lateral chondromalacia of the patella. Her surgical history was noncontributory. The injured worker presented on 10/27/2014 with ongoing complaints of bilateral knee pain with continued swelling in the bilateral lower extremities. Upon physical examination, it was noted that the injured worker had a marked antalgic gait. It was noted that she had tenderness about both knees medially. Additionally, both knees were noted to be 0 to 90 degrees upon range of motion and painful. The injured worker had swelling, and both knees have medial joint line tenderness. The injured worker was noted to have bilateral pedal edema and bilateral diffuse swelling about both calves with pretibial edema. Her medication regimen was noncontributory. The treatment plan included having the injured worker see an internist to order some labs concerning the ongoing swelling in her legs and an arthroscopy of both knees. The rationale for the request was because the physician was concerned about the ongoing swelling in both legs. A Request for

Authorization form dated 12/04/2014 was provided within the documentation submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left knee menisectomy, synovectomy: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee and Leg Chapter, Meniscectomy

MAXIMUS 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, Menisectomy

Decision rationale: The request for left knee meniscectomy, synovectomy is not medically necessary. The injured worker has bilateral knee pain. The California MTUS Guidelines state that arthroscopic partial meniscectomy usually has a high success rate in which there is clear evidence of a meniscus tear with symptoms other than simply pain. Additionally, the guidelines state that a meniscectomy is recommended for meniscal tears for younger patients and for traumatic tears and in older patients with degenerative tears after a trial of physical therapy or exercise. The documentation submitted for review fails to provide evidence that the injured worker had a trial of conservative care including physical therapy, home exercise program or medication. Given the absence of the above, the request as submitted does not support the evidence based guidelines. As such, the request for left knee meniscectomy, synovectomy is not medically necessary.