

Case Number:	CM15-0000594		
Date Assigned:	01/12/2015	Date of Injury:	02/28/2014
Decision Date:	03/17/2015	UR Denial Date:	12/24/2014
Priority:	Standard	Application Received:	01/02/2015

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

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 58-year-old male with a date of injury as 02/28/2014. The cause of the injury occurred when the worker stepped into a pothole injuring his right knee. The current diagnoses include work-related injury right knee-patellofemoral in nature, rule out internal derangement-right knee, and right ankle injury. Previous treatments include medications, physical therapy, knee brace, and activity restrictions. Primary treating physician's reports dated 06/17/2014 through 11/04/2014 and an MRI of the right knee dated 07/08/2014 were included in the documentation submitted for review. Report dated 11/04/2014 noted that the injured worker presented with complaints that included persistent right knee pain. The injured worker is wearing a knee brace, but is still having problems with prolonged standing, walking, as well as descending and ascending stairs. Physical examination revealed an antalgic gait, decreased range of motion, and pain with forced flexion and extension. MRI of the right knee performed on 07/08/2014 revealed no evidence of meniscal or ligamentous injury and mild to moderate focal chondral wear at the central weight bearing aspect of the medial femoral condyle and chondral damage at the patellofemoral compartment with an area of defect of the medial patellar facet with mild subchondral edema, with additional areas of chondral damage seen at the patellofemoral compartment. The injured worker is temporarily totally disabled. The utilization review performed on 12/24/2014 non-certified a prescription for arthroscopy/operative arthroscopy right knee based on no indication of acute meniscal pathology or surgical pathology. The reviewer referenced the California MTUS and ACOEM guidelines in making this decision.

IMR ISSUES, DECISIONS AND RATIONALES

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

Arthroscopy/operative arthroscopy (right knee): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 344-345.

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

Decision rationale: CAMTUS/ACOEM Chapter 13 Knee Complaints, pages 344-345, states regarding meniscus tears, "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). According to ODG Knee and Leg section, Meniscectomy section, states indications for arthroscopy and meniscectomy include attempt at physical therapy and subjective clinical findings, which correlate with objective examination and MRI. In this case, the MRI from 7/8/14 does not demonstrate evidence of significant meniscal or chondral pathology. In addition, there is lack of evidence in the cited records of meniscal symptoms such as locking, popping, giving way, or recurrent effusion. Therefore, the determination is for non-certification.