

Case Number:	CM15-0002882		
Date Assigned:	01/14/2015	Date of Injury:	07/25/2014
Decision Date:	03/19/2015	UR Denial Date:	12/26/2014
Priority:	Standard	Application Received:	01/05/2015

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: Illinois, California, Texas
 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 36 year old male, who sustained an industrial injury on 7/25/2014. Injury occurred when a bucket full of cement fell onto his right knee and slammed his right heel into the ground. Conservative treatment included medications, injections and physical therapy. The 12/2/14 right knee MRI documented mild to moderate thinning of the patellar cartilage consistent with degenerative change. There were type 2 changes noted in the medial and lateral meniscus with no evidence of a type 3 tear. The 12/9/14 treating physician report cited a one-week flare of sharp right knee medial and anterior pain, with frequent popping. He had attended 4 visits of physical therapy and was taking Naproxen. Physical exam documented no effusion, guarded motion, mild extension lag, range of motion 8-90 degrees, and tenderness medial, lateral, and popliteal space. The treating physician reviewed the MRI and noted abnormal signal at the medial/lateral meniscus. A corticosteroid injection was provided. The patient was to continue physical therapy, and anti-inflammatory medication. Surgical consideration was warranted if he failed to improve with conservative treatment. The 12/18/14 treating physician report cited an urgent visit for increased right knee pain. He was more restricted with walking and climbing stairs. There was pain with driving. He reported that the injection received at the last visit gave 100% relief for approximately one week. Objective findings included a mild limp on the right. Right knee exam documented trace swelling, residual ecchymosis over the anterolateral knee from the injection, diffuse tenderness, and guarded range of motion 4-98 degrees with crepitus. Quadriceps strength was 4/5. McMurray was not tolerated. The diagnosis included right knee rule-out medial meniscus tear. Physical therapy was discontinued. A request

for right knee diagnostic arthroscopy was submitted. On 12/26/2014, Utilization Review non-certified a request for a right knee diagnostic arthroscopy, noting that the clinical information submitted for review fails to meet the evidence based guidelines for the requested service. The ODG was cited. On 1/05/2015, the injured worker submitted an application for IMR for review of right knee diagnostic arthroscopy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right knee diagnostic arthroscopy: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee & Leg Chapter, Diagnostic Arthroscopy Section

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

Decision rationale: The California MTUS guidelines support arthroscopic partial meniscectomy for cases in which there is clear evidence of a meniscus tear including symptoms other than simply pain (locking, popping, giving way, and/or recurrent effusion), clear objective findings, and consistent findings on imaging. The Official Disability Guidelines recommend diagnostic arthroscopy when clinical indications are met. Indications include medications or physical therapy, plus pain and functional limitations despite conservative treatment, and imaging is inconclusive. Guideline criteria have been met for diagnostic arthroscopy. This patient presents with persistent function-limiting right knee pain with popping. Clinical exam documented loss of range of motion with crepitus, weakness, and intolerance to McMurray's test. There is imaging evidence of medial and lateral meniscal signal change, inconclusive for a tear. Detailed evidence of a recent, reasonable and/or comprehensive non-operative treatment protocol trial and failure has been submitted. Therefore, this request for right knee diagnostic arthroscopy is medical necessity at this time.