

Case Number:	CM15-0006570		
Date Assigned:	01/26/2015	Date of Injury:	01/12/2012
Decision Date:	03/30/2015	UR Denial Date:	01/06/2015
Priority:	Standard	Application Received:	01/12/2015

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 52 year old female, who sustained an industrial injury on January 12, 2012, tripping and falling. The diagnoses have included anterolateral exostosis, meniscus tear, and knee contusion. Treatment to date has included physical therapy, left knee injections, and medications. Currently, the injured worker complains of left knee pain, with a sensation of locking and giving way, especially going downstairs. The Primary Treating Physician's report dated December 18, 2014, noted tenderness along the mid and posterior joint line of the left knee, with tenderness over the anteromedial tibia at the area of exostosis, and slight discomfort with McMurray's . A MRI was noted to indicate a posterior horn medial meniscus tear. On January 6, 2015, Utilization Review non-certified an arthroscopic meniscectomy and excision of exostosis of left knee, noting a lack of clear clinical and radiographic information needed to recommend surgical intervention. The MTUS Chronic Pain Medical Treatment Guidelines, the MTUS American College of Occupational and Environmental Medicine (ACOEM) Guidelines, and the Official Disability Guidelines (ODG), Knee & Leg (Acute & Chronic), updated October 27, 2014, were cited. On January 12, 2015, the injured worker submitted an application for IMR for review of an arthroscopic meniscectomy and excision of exostosis of left knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

Arthroscopic meniscectomy; excision of exostosis of left knee: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 344-345. Decision based on Non-MTUS Citation Official Disability Guidelines, 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 exam notes from 12/18/14 do not demonstrate evidence of adequate course of physical therapy or other conservative measures. Therefore the determination is for non-certification.