

Case Number:	CM15-0108822		
Date Assigned:	06/15/2015	Date of Injury:	01/08/2013
Decision Date:	07/14/2015	UR Denial Date:	05/21/2015
Priority:	Standard	Application Received:	06/05/2015

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: 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 54 year old male, who sustained an industrial/work injury on 1/8/13. He reported initial complaints of right knee pain. The injured worker was diagnosed as having traumatic internal derangement of the right knee joint, traumatic synovitis, and chondromalacia patella. Treatment to date has included medication, assistive devices for ambulation, and immobilization. MRI results were reported on 4/23/14 that included no evidence of meniscus tear. Currently, the injured worker complains of constant pain in the right knee, rated 5-9/10, with popping, swelling, and give away. A cane was used for ambulation. Per the primary physician's progress report (PR-2) on 5/14/15, exam revealed the use of a supportive device, antalgic gait, 1+ effusion, knee joint is locked at 30 degrees flexion, tenderness to palpation over the right knee medial joint line, lateral joint line, and over the undersurface of the patella, and positive McMurray's test and Clark's test. Current plan of care included arthroscopic exam, medication, and urine drug testing. The requested treatments include right knee arthroscopic examination and surgery, manipulation under anesthesia and partial meniscectomy and chondroplasty.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right knee arthroscopic examination and surgery, manipulation under anesthesia and partial meniscectomy and chondroplasty: Upheld

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

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

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 4/23/14 does not demonstrate any evidence of meniscal pathology. Therefore the request is not medically necessary.