

Case Number:	CM15-0140363		
Date Assigned:	07/30/2015	Date of Injury:	11/05/2014
Decision Date:	08/28/2015	UR Denial Date:	07/09/2015
Priority:	Standard	Application Received:	07/20/2015

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:

This injured worker is a 40-year-old male who sustained an industrial injury on 11/5/14. Injury occurred when he was walking down a road, hit an irregular patch, twisted and fell on his left knee. He felt a pop with immediate onset of pain and swelling. Initial treatment included anti-inflammatory and pain medications, acupuncture, and physical therapy. The 5/29/15 initial orthopedic report cited persistent severe left lateral knee pain, stiffness, weakness, and occasional clicking. Pain sometimes radiated up the lateral thigh and down the lateral leg. He underwent a left knee MRI in December that was reported negative. He had not been able to return to work. Left knee exam documented mild lateral swelling, severe lateral joint line tenderness, and positive tenderness over the iliotibial (IT) band and lateral epicondyle. Range of motion was 0-140 degrees. Quadriceps and hamstrings strength was 4/5. McMurray's and Bounce home tests were positive. There was some diminished sensation over the lateral knee. MRI was reviewed. There appears to be some irregularity on the free edge of the lateral meniscus. The diagnosis was left knee IT band syndrome and possible lateral meniscus tear. A diagnostic injection was performed. He had some improvement in his lateral symptoms, but still had significant sensitivity over the lateral joint line. One option was to consider left knee arthroscopy to examine the lateral meniscus and open IT band debridement. The 6/24/15 treating physician report cited continued left knee pain and discomfort. He was having difficulty performing his work duties. Physical exam documented tenderness, swelling, decreased range of motion, 5-/5 strength, and positive Apley's test on the left knee. The diagnosis was left knee strain and myofascial pain syndrome. The injured worker wanted to have surgical treatment and

was to return to the orthopedic surgeon for specific instruction on the type of surgery he needs. Authorization was requested for left knee surgery. The 7/9/15 utilization review non-certified the request for left knee surgery as there was no documentation that the injured worker had tried and failed all recommended conservative therapy options and there were no imaging studies provided to validate meniscal tear.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left knee surgery: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343-345.

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 and Leg: Diagnostic arthroscopy; Meniscectomy.

Decision rationale: The California MTUS guidelines state that surgical consideration may be indicated for patients who have activity limitation for more than one month and failure of exercise programs to increase range of motion and strength of the musculature around the knee. 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 criteria for meniscectomy include conservative care (exercise /physical therapy and medication or activity modification) plus at least two subjective clinical findings (joint pain, swelling, feeling or giving way, or locking, clicking or popping), plus at least two objective clinical findings (positive McMurray's, joint line tenderness, effusion, limited range of motion, crepitus, or locking, clicking, or popping), plus evidence of a meniscal tear on MRI. The ODG 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 not been fully met. This injured worker presents with persistent function-limiting left knee pain. Evidence of a reasonable and/or comprehensive non-operative treatment protocol trial and failure has been submitted. Clinical exam findings are consistent with meniscal pathology but imaging was reported inconclusive. Guidelines would support a diagnostic arthroscopy of the left knee based on the clinical records, however this request was submitted by the primary treating physician and is not specific. A specific request from the surgeon would be appropriate to confirm the medically necessary of the proposed procedure. Therefore, this request is not medically necessary at this time.