

Case Number:	CM15-0147717		
Date Assigned:	08/12/2015	Date of Injury:	06/10/2010
Decision Date:	09/16/2015	UR Denial Date:	07/14/2015
Priority:	Standard	Application Received:	07/30/2015

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 61-year-old male who sustained an industrial injury on 6/10/10. Injury occurred when he twisted his left ankle playing in a faculty-student softball game. He underwent left foot open peroneal brevis tendon repair on 9/10/12. The 4/10/15 treating physician report cited constant left knee pain/stiffness. Medications included Voltaren and Flexeril. Physical exam documented left knee effusion, patellofemoral crepitation, and medial and lateral joint line tenderness. The treatment plan recommended a left knee MRI. The patient was off work. The 6/11/15 treating physician report cited grade 9/10 left knee pain. The 6/24/15 left knee MRI impression documented a complex medial meniscus tear, axial lateral meniscus tear, tricompartmental degenerative changes worse intermittent he medial and patellofemoral compartment, and dorsal patellar defect. Authorization was requested for left knee arthroscopy, medial and lateral meniscectomy and debridement, and post-op physical therapy for the left knee x 12 sessions. The 7/14/15 utilization review non-certified the request for left knee arthroscopy, medial and lateral meniscectomy and debridement and associated post-op physical therapy as there was no documentation of mechanical symptoms, complete knee physical exam, or detailed conservative treatment failure.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left knee arthroscopy, medial and lateral meniscectomy, debridement: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), knee chapter.

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: 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. Guideline criteria have not been met. This injured worker history of left knee pain. Clinical exam findings have documented findings consistent with imaging evidence of meniscal pathology and degenerative changes. However, there is no documentation of mechanical symptoms. Additionally, detailed evidence of a recent, reasonable and/or comprehensive non-operative treatment protocol trial and failure has not been submitted. Therefore, this request is not medically necessary at this time.

Associated service: Post-operative physical therapy, left knee X 12: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.