

Case Number:	CM15-0165426		
Date Assigned:	09/10/2015	Date of Injury:	03/13/2013
Decision Date:	10/07/2015	UR Denial Date:	07/29/2015
Priority:	Standard	Application Received:	08/24/2015

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: Montana, Oregon, Idaho
 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 3-13-13. He had complaints of left knee pain, left ankle pain and left side lower back that radiated down his left leg. Progress report dated 5-28-15 reports continued complaints of intermittent, moderate, sharp low back pain that radiates to the left leg with weakness. The left knee pain is frequent, moderate and achy. He has complaints of frequent moderate achy left ankle pain with weakness. Diagnoses include: psychological stress, lumbar spine strain and sprain, lumbar disc displacement, radicular syndrome of lower limbs, chondromalacia patella knee, torn lateral meniscus, knee sprain, aftercare musculoskeletal surgery and sprain of ankle. Plan of care includes: recommend Motrin, Prilosec, Terocin patches and Gabacyclotram, request physical therapy 2 times per week for 4 weeks to the low back and both knees, request MRI of the lumbar spine and left quadriceps tendon, request EMG NCV of the lower extremities, request psychological consultation, request arthroscopic examination of the left knee with partial lateral meniscectomy, request LINT therapy one time per week for 6 weeks to the lumbar spine. Follow up in 4-6 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Arthroscopy left knee with partial lateral meniscectomy: Upheld

Claims Administrator guideline: Decision based on MTUS Knee Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Knee Complaints 2004, Section(s): Physical Examination, Special Studies.

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 report from 2/17/15 does not demonstrate a new meniscal tear. In addition there is lack of evidence in the cited records of meniscal symptoms such as locking, popping, giving way or recurrent effusion. Therefore the determination is not medically necessary.