

Case Number:	CM15-0180048		
Date Assigned:	09/21/2015	Date of Injury:	04/19/2015
Decision Date:	10/23/2015	UR Denial Date:	08/25/2015
Priority:	Standard	Application Received:	09/14/2015

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, Oregon, Washington
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 50 year old male who sustained an industrial injury on 4-19-15. A review of the medical records indicates he is undergoing treatment for arthritis of the right knee and right knee joint pain. Medical records (6-9-15 to 7-8-15) indicate ongoing complaints of right knee pain, rating it "8 out of 10" on 6-9-15 and "5 out of 10" on 7-8-15. The injured worker reports that the pain is an "aching" sensation and that it is constant. He reports that he "received a shot" the day prior to the 7-8-15 visit. They physical exam (7-8-15) reveals full range of motion of the right knee with tenderness with deep flexion. There was noted positive crepitus and tenderness over the patella, lateral joint line, and medial joint line. Motor strength and sensation were within normal limits. Diagnostic studies have included x-rays and an MRI of the right knee. Treatment has included at least 6 sessions of physical therapy, medications, and activity modification. The utilization review (8-25-15) indicates the request for authorization of right knee arthroscopy with meniscectomy scheduled for 9-1-15. This request was denied, indicating that "there is no documentation that this patient has any significant pathology in which to warrant meniscectomy at this time".

IMR ISSUES, DECISIONS AND RATIONALES

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

Right knee arthroscopy with meniscectomy schedule for 9/1/2015: Upheld

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

MAXIMUS guideline: Decision based on MTUS Knee Complaints 2004, Section(s): Surgical Considerations. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg section, 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 7/8/15 do not demonstrate evidence of adequate course of physical therapy or other conservative measures. 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 for non-certification. Therefore, the requested treatment is not medically necessary.