

Case Number:	CM15-0180190		
Date Assigned:	09/22/2015	Date of Injury:	01/27/2012
Decision Date:	10/26/2015	UR Denial Date:	08/15/2015
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:

This 55-year-old man sustained an industrial injury on 1-27-2012. The mechanism of injury is not detailed. Evaluations include right knee MRIs dated 10-29-2012 and 9-27-2013. Diagnoses include status post right knee surgery (4-16-2013), medial meniscectomy, deep vein thrombosis, status post inferior vena cava filter placement, and recurrence of meniscal tear of the right knee. Treatment has included oral medications and right knee cortisone injection. Physician notes dated 7-22-2015 show complaints of severe right knee pain. The worker rates his pain 10 out of 10 without medications and 5 out of 10 with medications. The worker has received approval for right knee surgery, however, was unable to have this performed within the time frame allowed due to requiring clearance as he has a history of deep vein thrombosis. The physical examination shows a positive McMurray's sign with pain and swelling, medial joint pain with effusion, and positive patellofemoral crepitation. Recommendations include Norco, Motrin, and extension for previously authorized right knee surgery. Utilization Review modified a request for right knee arthroscopy with excision of plica and partial meniscectomy, chondroplasty, and synovectomy citing evidence-based guidelines do not recommend synovectomy or resection of plica.

IMR ISSUES, DECISIONS AND RATIONALES

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

One right knee arthroscopy with excision of plica and partial meniscectomy, chondroplasty and synovectomy: Upheld

Claims Administrator guideline: Decision based on MTUS Knee Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee & Leg, Meniscectomy & Chondroplasty.

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 7/22/15 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 not medically necessary.