

Case Number:	CM15-0186520		
Date Assigned:	09/28/2015	Date of Injury:	01/19/1995
Decision Date:	11/03/2015	UR Denial Date:	09/14/2015
Priority:	Standard	Application Received:	09/22/2015

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 57 year old male, who sustained an industrial injury on 01-19-1995. He has reported subsequent right knee pain. No formal diagnoses were listed in the medical documents submitted but MRI of the right knee on 09-18-2014 revealed a horizontal cleavage tear through the body to the anterior horn of the lateral meniscus, mild degeneration of the ACL and mild chondromalacia at the patellofemoral joint. There was no documentation of treatments rendered. The documentation submitted is minimal and the most recent medical documentation is a physician progress note dated 10-13-2014 and pre-operative note dated 12-1-2014. During the 10-13-2014 progress note, the injured worker was seen for right knee pain. The physician noted that an MRI was obtained and was compatible with findings of small joint effusion and patellofemoral crepitus, medial and lateral joint tenderness and lateral McMurray. The physician noted that the injured worker wanted to proceed with right knee arthroscopy. No subjective examination findings were documented. Work status was not documented. A request for authorization of right knee arthroscopy was submitted. As per the 09-14-2015 utilization review, the request for right knee arthroscopy was non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right knee arthroscopy: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Knee Complaints 2004, Section(s): Surgical Considerations.

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 10/13/14 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 no medically necessary.