

Case Number:	CM15-0188342		
Date Assigned:	09/30/2015	Date of Injury:	09/28/2014
Decision Date:	11/12/2015	UR Denial Date:	09/15/2015
Priority:	Standard	Application Received:	09/24/2015

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: Minnesota, Florida

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 is a 42 year old female with a date of injury of September 28, 2014. There is a history of morbid obesity and chondromalacia patellae. A review of the medical records indicates that the injured worker is undergoing treatment for a degenerative left medial meniscus tear. Medical records dated August 5, 2015 indicate that the injured worker complains of slight to moderate left knee pain. A progress note dated August 27, 2015 notes subjective complaints of left knee pain with walking and sitting, and buckling of the knee. Per the treating physician (August 27, 2015), the employee has not returned to work. The physical exam dated August 5, 2015 reveals tenderness to palpation of the left knee with positive McMurray's sign. The progress note dated August 27, 2015 documented a physical examination that showed positive left medial grind test. Treatment has included approximately twelve sessions of physical therapy, and unknown number of acupuncture treatments, and magnetic resonance imaging of the left knee (January 20, 2015) that showed a large horizontal tear through the posterior horn and mid segment of the medial meniscus. The original utilization review (September 15, 2015) non-certified a request for arthroscopic surgery for the left knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

Arthroscopic surgery of the left knee: Upheld

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

MAXIMUS guideline: Decision based on MTUS Knee Complaints 2004, Section(s): Surgical Considerations. Decision based on Non-MTUS Citation ODG: Section: Knee, Topic: Arthroscopic surgery for osteoarthritis.

Decision rationale: The request as stated is for arthroscopy of the left knee but does not specify the nature of the surgical procedure. MRI scan of the left knee dated 1/20/2015 is reviewed. The report indicates a large horizontal tear through the posterior horn and the midportion of the medial meniscus. There is no communication of the tear with the superior or inferior surface reported. A supplemental QME report of August 2015 opined that the left knee pain was due to degenerative changes involving the medial meniscus and patellofemoral chondromalacia. A request for arthroscopy of the left knee was noncertified by utilization review. California MTUS guidelines indicate that arthroscopy and partial medial meniscectomy may not be equally beneficial for those patients who have degenerative changes in the joint. ODG guidelines do not recommend arthroscopic surgery in the presence of degenerative changes unless there is a large loose body or a displaced large meniscal tear with associated locking. In this case, there is a horizontal tear of the medial meniscus without communication with the superior or inferior surface. This would indicate that the tear is not mobile. Removing the meniscus is likely to be harmful by taking away the cushioning property of the meniscus. With respect to the patellofemoral chondromalacia California MTUS guidelines do not recommend arthroscopic shaving. As such, the request for arthroscopy of the left knee is not supported and the request is not medically necessary and has not been substantiated.