

Case Number:	CM15-0209686		
Date Assigned:	10/28/2015	Date of Injury:	08/27/2015
Decision Date:	12/10/2015	UR Denial Date:	10/09/2015
Priority:	Standard	Application Received:	10/26/2015

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: Illinois, California, Texas
 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 injured worker is a 24-year-old female who sustained an industrial injury on 8/27/15. Injury occurred while she was running during training at the sheriff academy. Conservative treatment has included physical therapy, anti-inflammatory medication, and activity modification. The 9/10/15 right knee MRI impression documented mild patchy T2 marrow signal in the medial femoral condyle and tibial plateau which could represent mild bone marrow contusion. There was blistering and at least partial thickness articular cartilage flap tear in the medial patellar facet. There was small focal fluid deep to the iliotibial band, not definitely within the joint space, to correlate for possible iliotibial band syndrome. The 9/29/15 treating physician report cited complaints of right knee pain and swelling with popping and clicking. She had tried conservative treatment with medication and exercise without significant relief. Physical exam documented range of motion 0-135 degrees with pain, tenderness to palpation over the medial and lateral joint lines, and no varus or valgus instability. There was 5/5 muscle strength and intact sensation. There was moderate effusion and positive McMurray's. Lachman's and anterior/posterior drawer signs were negative. Imaging showed a cartilage flap tear. Authorization was requested for outpatient right knee arthroscopy. The 10/9/15 utilization review non-certified the outpatient right knee arthroscopy as there was no explicit documentation of failed trials of all appropriate conservative modalities.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right knee arthroscopy, outpatient: Overturned

Claims Administrator guideline: Decision based on MTUS Knee Complaints 2004, Section(s): Surgical Considerations. Decision based on Non-MTUS Citation Official Disability Guidelines: Knee & Leg (Acute & Chronic) - Indications for surgery, Meniscectomy.

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: Chondroplasty; Meniscectomy.

Decision rationale: The California MTUS guidelines state that surgical consideration may be indicated for patients who have activity limitation for more than one month and failure of exercise programs to increase range of motion and strength of the musculature around the knee. Guidelines support arthroscopic partial meniscectomy for cases in which there is clear evidence of a meniscus tear including symptoms other than simply pain (locking, popping, giving way, and/or recurrent effusion), clear objective findings, and consistent findings on imaging. The Official Disability Guidelines (ODG) criteria for meniscectomy include conservative care (exercise/physical therapy and medication or activity modification) plus at least two subjective clinical findings (joint pain, swelling, feeling or giving way, or locking, clicking or popping), plus at least two objective clinical findings (positive McMurray's, joint line tenderness, effusion, limited range of motion, crepitus, or locking, clicking, or popping), plus evidence of a meniscal tear on MRI. The ODG criteria for chondroplasty include evidence of conservative care (medication or physical therapy), plus joint pain and swelling, plus effusion or crepitus or limited range of motion, plus a chondral defect on MRI. Guideline criteria have been met. This injured worker presents with persistent and function limiting right knee pain with associated swelling, popping and clicking. She has not been able to return to full duty activities. Clinical exam findings are consistent with imaging evidence of a cartilage flap tear. Detailed evidence of a recent, reasonable and/or comprehensive non-operative treatment protocol trial and failure has been submitted. Therefore, this request is medically necessary.