

Case Number:	CM15-0025094		
Date Assigned:	02/17/2015	Date of Injury:	01/27/2005
Decision Date:	04/07/2015	UR Denial Date:	01/15/2015
Priority:	Standard	Application Received:	02/10/2015

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
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 66 year old female, who sustained an industrial injury reported on 1/27/2005. She has reported persistent pain at the left knee, with locking and giving out; several falls were reported. A previous injury reported on 4/20/2004, and involving the left knee, cervical spine and left ankle, is noted. The diagnoses were noted to have included generalized osteoarthritis; knee/lower leg pain; and cervical radiculopathy. Treatments to date have included consultations; diagnostic imaging studies - left knee (12/1/14); electro diagnostic studies of the bilateral upper extremities (12/16/14); and medication management that. The work status classification for this injured worker (IW) was not noted. On 1/15/2015, Utilization Review (UR) non-certified, for medical necessity, the request, made on 1/8/2015, for meniscectomy medial or lateral versus medial and lateral with chondroplasty - left knee. The Medical Treatment Utilization Schedule, the American College of Occupational and Environmental Medicine, and The Official Disability Guidelines, knee and leg chapter, surgical considerations, chondroplasty were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left knee meniscectomy medial or lateral verses medial and lateral with chondroplasty:
Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343-345. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee and Leg Chapter, Surgical Considerations and Official Disability Guidelines (ODG), Knee and Leg Chapter, Online Version: Chondroplasty.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 344-345. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee and Leg, 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 12/8/14 do not demonstrate evidence of adequate course of physical therapy or other conservative measures. Therefore the determination is for non-certification.