

Case Number:	CM15-0026492		
Date Assigned:	02/18/2015	Date of Injury:	03/08/2007
Decision Date:	04/08/2015	UR Denial Date:	02/04/2015
Priority:	Standard	Application Received:	02/11/2015

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:

The injured worker is a 53-year-old female, who sustained an industrial injury on 3/8/07. She has reported neck, back, wrist and left knee pain. The diagnoses have included lumbago, right de Quervain's disease, left and right carpal tunnel syndrome and left knee pain. Treatment to date has included medications and diagnostics. Surgery included ankle surgery 1999. Currently, the injured worker complains of low back, left wrist and right knee pain. The Magnetic Resonance Imaging (MRI) of the right knee dated 8/20/12 revealed grade II signal in the medial and lateral menisci and grade 2 chondromalacia of the patella. Physical exam revealed decreased range of motion with flexion of the knee and medial joint line tenderness of right knee. There were no other treatments documented such as physical therapy, injections bracing etc. Request was for medications, epidural injection of the lumbar spine, left carpal tunnel release, arthroscopic exam of the right knee to rule out occult tear and Transcutaneous Electrical Nerve Stimulation (TENS) at home. Work status was modified. On 2/4/15 Utilization Review non-certified a request for Right Knee Arthroscopy, noting the (MTUS) Medical Treatment Utilization Schedule and (ACOEM) Occupational Medicine Practice Guidelines Chapter 13 knee complaints pages 346-347 were cited.

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: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 346-347.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343, 344. Decision based on Non-MTUS Citation ODG: Section: Knee, Topic: Diagnostic Arthroscopy.

Decision rationale: California MTUS guidelines indicate surgical considerations for patients who have activity limitation for more than one month and failure of exercise programs to increase the range of motion and strength of the musculature around the knee. Arthroscopic partial meniscectomy is indicated in patients with a clear evidence of meniscal tear on clinical examination as well as imaging studies. The injured worker does not have mechanical symptoms such as locking, popping, giving way or recurring effusions. The MRI did not show any meniscal tear. Grade 2 signal was seen in the medial and lateral menisci and there was evidence of chondromalacia. Physical therapy or a home exercise program to increase range of motion and strength of the musculature around the knee is not documented. ODG guidelines for a diagnostic arthroscopy include conservative care with medications or physical therapy plus subjective clinical findings of pain and functional limitations despite conservative care, and imaging is inconclusive. In this case no conservative care is documented, and the imaging is not inconclusive. There are no mechanical symptoms. As such, the request for arthroscopy is not supported and the medical necessity of the request has not been substantiated.