

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM15-0221071 | | |
| Date Assigned: | 11/16/2015 | Date of Injury: | 04/23/2009 |
| Decision Date: | 12/29/2015 | UR Denial Date: | 11/10/2015 |
| Priority: | Standard | Application Received: | 11/10/2015 |

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: 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 48-year-old female who sustained an industrial injury on 4/23/09. The mechanism of injury was not documented. Conservative treatment had included medications, bracing, physical therapy, and activity modification. The 8/17/15 left knee MRI impression documented medial meniscus tear with questionable flap component of the posterior horn extending into the intercondylar notch. There was frank cartilage loss and subchondral irregularity in the medial femoral condyle. There was cartilage irregularity along the lateral femoral condyle. There was chondromalacia of the medial and lateral tibial plateau, and a cartilage flap tear along the medial patellar facet. The 9/16/15 treating physician report cited grade 7-10/10 left knee pain. Pain interfered with activities of daily living, exercise, driving, work, and standing. She had tried and failed conservative treatment including opioid medications, heat, ice, massage, physical therapy, activity modification, and anti-inflammatory medications. The 10/26/15 treating physician report cited continued left knee pain. Left knee exam documented effusion, medial joint line tenderness, and range of motion 0-130 degrees with pain. McMurray's and patellar grind tests were positive. There was no instability. The diagnosis was left knee internal derangement with medial meniscus tear. Authorization was requested for left knee arthroscopy with meniscectomy. The 11/10/15 utilization review non-certified the request for left knee arthroscopy with medial meniscectomy as there was no office MRI to confirm the medial meniscus tear.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left Knee Arthroscopy with Medial Meniscectomy: Overturned

Claims Administrator guideline: Decision based on MTUS Knee Complaints 2004, Section(s): Surgical Considerations. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee & Leg, Diagnostic arthroscopy; 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: 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. Guideline criteria have been met. This injured worker presents with worsening and severe right knee pain that interferes with activities of daily living and work activities. Clinical exam findings are consistent with imaging evidence of a medial meniscus 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.