

Case Number:	CM15-0031274		
Date Assigned:	02/24/2015	Date of Injury:	12/16/2014
Decision Date:	04/03/2015	UR Denial Date:	02/10/2015
Priority:	Standard	Application Received:	02/19/2015

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:

The injured worker is a 57-year-old male who sustained an industrial injury on 12/16/14. Injury occurred while jumping up and down in a hole. The 1/8/15 treating physician report cited worsening left knee pain with locking and catching. Physical exam documented medial collateral ligament tenderness, painful but full range of motion, feeling of giving way with single leg squat, pain with instability testing, and positive medial McMurray's. The diagnosis was left knee medial collateral ligament sprain and internal derangement. Symptoms have worsened and he had mechanical pain despite home care, activity modification, and rest. An MRI was ordered with physical therapy on hold pending imaging and orthopedic consult. The 1/14/15 left knee MRI impression documented a longitudinal tear involving the posterior horn of the medial meniscus, severe bone bruise involving the medial femoral condyle, and strain of the distal anterior cruciate ligament. There was a partial tear or strain of the fibers involving the anterior superior aspect of the medial collateral ligament complex and medial patellar retinaculum. The 2/5/2014 orthopedic report cited left medial knee achiness and pain with activity. He complained of swelling, popping and catching. Physical exam revealed medial tenderness and positive McMurray's. It was noted that magnetic resonance imaging (MRI) showed medial meniscus tear and bone bruising. Authorization was requested for a left knee arthroscopy and post-surgery physical therapy. On 2/10/2015, Utilization Review (UR) non-certified a request for left knee arthroscopy based on an absence of documented conservative treatment and imaging report. The Medical Treatment Utilization Schedule (MTUS) and American College of Occupational and Environmental Medicine (ACOEM) Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left Knee Arthroscopy: Overturned

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), Treatment Index, 11th Edition (web), 2014, Knee & Leg, Diagnostic arthroscopy.

MAXIMUS 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: Meniscectomy.

Decision rationale: The California MTUS 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 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. Guideline criteria have been essentially met. The injured worker presents with persistent function-limiting left knee pain with mechanical symptoms of swelling, locking, catching, and giving way. Clinical exam findings are consistent with imaging evidence of a medial meniscus tear. Reasonable conservative treatment has failed. Therefore, this request is medically necessary.