

Case Number:	CM15-0031617		
Date Assigned:	02/24/2015	Date of Injury:	11/07/2012
Decision Date:	04/03/2015	UR Denial Date:	01/22/2015
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: Iowa, Illinois, Hawaii

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & General Preventive Medicine

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 34 year old male who sustained an industrial injury to his left knee when stepping down from a utility closet on November 7, 2012. The injured worker underwent a partial medial meniscectomy and chondroplasty on July 9, 2014. According to the primary treating physician's progress report on December 23, 2014 there was no examination of the left knee. In the report dated November 13, 2014 the injured worker had returned to work with difficulty climbing. An examination at this time documented midline patella, medial joint and medial condylar tenderness, patellofemoral crepitation and minimal to no effusion. Range of motion at this time was 0 degrees extension and 130 degrees flexion with a negative Lachman and drawer test. A left knee magnetic resonance imaging (MRI) arthrography performed on December 11, 2014 documented a horizontal tear of the posterior horn of the medial meniscus and an avulsion of the medial meniscal root ligament posteriorly. Current medications consist of Citalopram and Tylenol #3. Treatment modalities consist of physical therapy and medication. A home exercise program or other measures were not documented. The treating physician requested authorization for 1 Left Knee Arthroscopy with Meniscectomy. On January 22, 2015 the Utilization Review denied certification for 1 Left Knee Arthroscopy with Meniscectomy. Citations used in the decision process were the Medical Treatment Utilization Schedule (MTUS), the American College of Occupational and Environmental Medicine (ACOEM) and the Official Disability Guidelines (ODG).

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Left Knee Arthroscopy with Meniscectomy: 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), Knee and Leg, Meniscectomy.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 329-360. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg (Acute & Chronic), Meniscectomy.

Decision rationale: ACOEM states regarding surgical treatment of knee, "Referral for surgical consultation 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." Additionally, ACOEM explains 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); clear signs of bucket-handle tear on examination (tenderness over the suspected tear but not over the entire joint line, and perhaps lack of full "passive flexion); and consistent findings on MRI." Furthermore, "patients suspected of having meniscal tears, but without progressive or severe activity limitation, can be encouraged to live with symptoms to retain the protective effect of the meniscus." ODG states regarding meniscectomy, ODG Indications for Surgery Meniscectomy: Criteria for meniscectomy or meniscus repair (Suggest 2 symptoms and 2 signs to avoid scopes with lower yield, e.g. pain without other symptoms, posterior joint line tenderness that could just signify arthritis, MRI with degenerative tear that is often false positive). Physiologically younger and more active patients with traumatic injuries and mechanical symptoms (locking, blocking, catching, etc.) should undergo arthroscopy without PT.1. Conservative Care: (Not required for locked/blocked knee.) Exercise/Physical therapy (supervised PT and/or home rehab exercises, if compliance is adequate). AND (Medication. OR Activity modification [eg, crutches and/or immobilizer].) PLUS2. Subjective Clinical Findings (at least two): Joint pain. OR Swelling. OR Feeling of give way. OR Locking, clicking, or popping. PLUS3. Objective Clinical Findings (at least two): Positive McMurray's sign. OR Joint line tenderness. OR Effusion. OR Limited range of motion. OR Locking, clicking, or popping. OR Crepitus. PLUS4. Imaging Clinical Findings: (Not required for locked/blocked knee.) Meniscal tear on MRI (order MRI only after above criteria are met). (Washington, 2003) For average hospital LOS if criteria are met, see Hospital length of stay (LOS). The medical records provided do indicate prior conservative care and the results of that trial of care. The medical notes do indicate subjective locking and objective findings do detail effusion. MRI does indicate meniscal tear. The four ODG criteria above have been met. As such, the request for 1 Left Knee Arthroscopy with Meniscectomy is medically necessary at this time.