

Case Number:	CM15-0031632		
Date Assigned:	02/25/2015	Date of Injury:	07/30/2002
Decision Date:	04/09/2015	UR Denial Date:	01/12/2015
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: 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 52-year-old male, who sustained an industrial injury on 7/30/2002. The current diagnoses are unspecified disorder of joint, lower leg, pain in joint, lower leg, and unspecified internal derangement of the knee. Currently, the injured worker complains of left knee pain. Current medications are OxyContin, Dilaudid, Cymbalta, Testim, Indomethacin, Allopurinol, Remeron, and Trazadone. The physical examination of the left knee reveals loss of range of motion with flexion. Gait is antalgic. Treatment to date has included medications, bracing, physical therapy, spinal cord stimulator, and injections. Exam note 12/8/14 demonstrates the treating physician is requesting total left knee arthroscopy with meniscectomy, chondroplasty, synovectomy possible lateral release patella and removal of loose bodies, which is now under review. On 1/12/2015, Utilization Review had non-certified a request for total left knee arthroscopy with meniscectomy, chondroplasty, synovectomy possible lateral release patella and removal of loose bodies. The California MTUS ACOEM and Official Disability Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Total left knee arthroscopy with meniscectomy, chondroplasty, synovectomy possible lateral release patella and removal of loose bodies: 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, Knee and Leg (Acute and Chronic) 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. In addition, there is lack of evidence in the cited records of a formal MRI report to support surgical care. Therefore, the determination is for non-certification.