

Case Number:	CM15-0037830		
Date Assigned:	03/06/2015	Date of Injury:	04/21/2010
Decision Date:	04/16/2015	UR Denial Date:	02/26/2015
Priority:	Standard	Application Received:	02/27/2015

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 62 year old female, who sustained an industrial injury on 4/21/2010. The diagnoses have included right knee internal derangement with medial meniscus tear. Treatment to date has included physical therapy, acupuncture, cortisone injections and medication. According to the progress report dated 2/2/2015, the injured worker complained of constant pain in the right knee. She reported giving way of the knee. Additionally, she reported swelling, popping and clicking. Physical exam revealed an antalgic gait on the right. Exam of the right knee revealed effusion and crepitus with ORM. There was tenderness over the medial and lateral patella and over the medial joint line. McMurray's sign was positive. It was noted that magnetic resonance imaging (MRI) of the right knee was consistent with tear of the posterior horn of the medial meniscus. The physician recommendation was for right knee arthroscopy with partial meniscectomy and debridement.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Right knee arthroscopy with partial meniscectomy and debridement as an out patient:
Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 344-345.

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 note from 2/2/15 does not demonstrate evidence of adequate course of physical therapy or other conservative measures. Therefore the determination is for non-certification.