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| Case Number: | CM15-0037893 | | |
| Date Assigned: | 03/06/2015 | Date of Injury: | 02/25/2014 |
| Decision Date: | 05/01/2015 | UR Denial Date: | 02/20/2015 |
| 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: 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 51-year-old female who sustained an industrial injury on 2/25/14. The mechanism of injury was not documented. Past medical history was positive for diabetes. Records documented conservative treatment to include topical medications. Records indicated the 5/5/14 right knee MRI showed a meniscal tear in the setting of osteoarthritis. The 9/12/14 through 11/17/14 treating physician reports did not document mechanical symptoms. Physical exam findings on 10/27/14 documented medial joint line tenderness and everyday knee pain. The 2/13/15 treating physician report cited constant left shoulder and right knee pain. Physical exam documented positive left shoulder impingement and right knee range of motion 90%. The diagnosis was right knee medial meniscus tear. The treatment plan notes stated that authorization was awaited for left shoulder and right knee surgery. The 2/20/15 utilization review non-certified the requests for right knee surgery as there were no documented mechanical findings, there were positive degenerative findings, and the patient had a body mass index of 37.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Knee Surgery: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 116; 341-342.
 Decision based on Non-MTUS Citation Official Disability Guidelines, Knee Chapter.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints
Page(s): 343-345.

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 not been met. This patient presents with right knee pain and mild loss of range of motion. There is no documentation in the provided records of mechanical symptoms. Imaging evidence is reported positive for meniscus tear. Detailed evidence of a recent, reasonable and/or comprehensive non-operative treatment protocol trial and failure has not been submitted. Given the failure to meet guideline criteria for surgery, this request is not medically necessary.