

Case Number:	CM15-0038157		
Date Assigned:	03/06/2015	Date of Injury:	03/20/2006
Decision Date:	04/14/2015	UR Denial Date:	01/30/2015
Priority:	Standard	Application Received:	02/28/2015

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, Sports 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 53-year-old female who reported an injury on 03/20/2006. The mechanism of injury was cumulative trauma. The injured worker underwent an ultrasound of the left knee on 12/14/2014, which revealed a left medial meniscal tear. The documentation of 12/22/2014 revealed the mechanism of injury was the injured worker fell backwards from an unloading dock of a warehouse and had persistent left knee pain, tenderness, stiffness, and weakness, despite all attempts at conservative management and the passage of time. Physical examination revealed decreased range of motion of the left knee in flexion. The injured worker had patellar tendon tenderness and medial epicondylar tenderness, as well as effusion on the left knee. The injured worker had a positive medial McMurray's. The diagnoses included status postindustrial left knee sprain/strain injury on 11/15/2003 and ultrasound confirmed left medial meniscus tear on 12/03/2014. The treatment plan included an arthroscopic left knee partial medial meniscectomy, chondroplasty, and debridement. The prior therapies included a supervised physical therapy program and a home exercise program, as well as activity modification and anti-inflammatory medications. There was no Request for Authorization submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Arthroscopic left knee partial medial meniscectomy, chondroplasty and debridement, as outpatient: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): <http://www.acoempracguides.org/knee>; Table 2, Summary of Recommendations, Knee Disorders.

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

Decision rationale: The American College of Occupational and Environmental Medicine indicate a referral for surgical consultation may be appropriate for injured workers who have activity limitations for more than 1 month and the failure of an exercise program to increase range of motion and strength of musculature around the knee, and additionally related to a meniscectomy. There should be consistent findings on an MRI, and there should be symptoms other than simply pain, including locking, popping, giving way, and recurrent effusion. There should clear signs of a bucket handle tear on examination, including tenderness over the suspected tear but not the entire joint line, and perhaps lack of full passive flexion. The clinical documentation submitted for review indicated the injured worker had failed conservative care. However, there was a lack of documentation of findings per MRI to support the need for surgical intervention. Given the above and the lack of documentation of exceptional factors, the request for arthroscopic left knee partial medial meniscectomy, chondroplasty and debridement, as outpatient is not medically necessary.