

Case Number:	CM15-0041962		
Date Assigned:	03/12/2015	Date of Injury:	12/30/2013
Decision Date:	04/23/2015	UR Denial Date:	02/17/2015
Priority:	Standard	Application Received:	03/05/2015

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 47 year old female who sustained an industrial injury on 12/30/13 while lifting a box. She currently complains of right anterior knee, right posterior knee, right anterior leg, right shin, right ankle, right foot, right posterior leg, right calf, right ankle and right foot pain. She has numbness and tingling in the right posterior leg. Her pain level is 7/10. Her activities of daily living are affected by the pain. Medications include ibuprofen, omeprazole, Tramadol and topical creams. Diagnoses include internal derangement right knee, rule out tear; sprain/ strain right ankle; status post right arthroscopy (4/14); altered gait. Treatments to date include rest, pain medication, physical therapy and home exercise. Diagnostics include MRI right knee (12/16/14) indicating complex tear of the posterior horn and body of the medial meniscus. In the progress note dated 1/26/15 the treating provider notes chronic, severe pain over 90 days and will transfer her care to pain specialist. In addition he recommends a right knee arthroplasty, meniscal surgery, chondroplasty and synovial debridement.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Knee Arthroscopy, Meniscus surgery, Chondroplasty and Synovial Debridement as outpatient: 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 tearsymptoms 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 1/26/15 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 meniscal symptoms such as locking, popping, giving way or recurrent effusion. Therefore, the request is not medically necessary.