

Case Number:	CM15-0051561		
Date Assigned:	03/25/2015	Date of Injury:	11/30/2011
Decision Date:	05/01/2015	UR Denial Date:	03/09/2015
Priority:	Standard	Application Received:	03/18/2015

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 36-year-old female who sustained an industrial injury on 11/30/11. Injury was reported due to repetitive work activities as a housekeeper. She underwent a left knee arthroscopy in May 2012 and a right knee arthroscopy and partial meniscectomy in December 2012. The 8/21/14 right knee MRI impression documented subtle possible inferior tear of the posterior horn of the medial meniscus. The exam was reported otherwise unremarkable. The 12/8/14 treating physician report indicated that the patient had undergone a complete course of conservative treatment followed by surgical intervention, and she had persistent pain. A persistent meniscal tear was documented on imaging. Given that she had exhausted conservative treatment and continued to be symptomatic, surgery as recommended. The 2/17/15 treating physician report cited severe right knee pain with prolonged ambulation. Physical exam documented antalgic gait favoring the right lower extremity. There was tenderness to palpation over the joint line, range of motion 10-130 degrees, and positive McMurray's. The diagnosis was lumbar radiculopathy and bilateral knee meniscal tears. The treatment plan recommended right knee arthroscopy and partial meniscectomy which was reported in agreement with recent QME recommendations. The 3/9/15 utilization review non-certified the request for right knee arthroscopy and partial meniscectomy as there was no evidence that the patient had exhausted all conservative measures.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Knee Arthroscopy with Partial Meniscectomy: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343-345. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg: Meniscectomy.

Decision rationale: The California MTUS 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. The Official Disability Guidelines criteria for meniscectomy include conservative care (exercise/physical therapy and medication or activity modification) plus at least two subjective clinical findings (joint pain, swelling, feeling or giving way, or locking, clicking or popping), plus at least two objective clinical findings (positive McMurray's, joint line tenderness, effusion, limited range of motion, crepitus, or locking, clicking, or popping), plus evidence of a meniscal tear on MRI. Guideline criteria have not been met. This patient presents with persistent right knee pain. There is no documentation in the records of symptoms other than pain. There are objective findings of joint line tenderness, limited range of motion, and positive McMurray's. There is imaging evidence of a subtle possible medial meniscus tear. There is no evidence of a recent, reasonable and/or comprehensive non-operative treatment protocol trial, including physical therapy/exercise or medications, and failure. The treating physician reports document conservative treatment prior to surgery in 2012. Given the absence of mechanical symptoms and conservative treatment, this request is not medically necessary.