

Case Number:	CM15-0051763		
Date Assigned:	03/25/2015	Date of Injury:	10/29/2014
Decision Date:	05/01/2015	UR Denial Date:	02/25/2015
Priority:	Standard	Application Received:	03/19/2015

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 61-year-old female who sustained an industrial injury on 10/29/14. Injury occurred when she was stepping up on a curb, tripped and twisted her knee. When she tried to straighten out her knee, she heard a pop. She had great difficulty with initial weight bearing. Conservative treatment included knee brace, physical therapy, activity modification, and medication without sustained benefit. The 12/10/14 right knee MRI impression documented a complex lateral meniscal tear, likely bucket handle tear, and mild degenerative changes. The 1/20/15 treating physician report cited persistent intermittent moderate right knee pain that is worse with squatting, kneeling, stairs, twisting, lying in bed, running, and walking. She reported swelling, clicking, locking, popping and giving way. She was unable to work at full duty status, and modified duty was not available. Imaging showed a displaced bucket handle tear of the lateral meniscus, into the lateral gutter and posterior joint. Physical exam documented full range of motion, lateral joint line tenderness, trace effusion, normal strength, and mildly antalgic gait. There was no instability. There was lateral joint line pain with McMurray's testing. Right knee x-rays were taken and showed early arthritis with mild medial joint space narrowing. The treatment plan recommended a partial lateral meniscectomy. The 2/25/15 utilization review non-certified the request for outpatient right knee arthroscopy, subtotal meniscectomy versus repair, as guideline criteria had not been met, including a trial of physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient arthroscopy subtotal lateral meniscectomy versus repair, right knee:
Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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 been met. This patient presents with persistent function-limiting right knee pain that precluded return to full duty work. Mechanical symptoms were documented including swelling, locking, clicking, popping, and giving way. Clinical exam findings are consistent with imaging evidence of a lateral meniscus tear. Detailed evidence of a recent, reasonable and/or comprehensive non-operative treatment protocol trial and failure has been submitted. Therefore, this request is medically necessary.