

Case Number:	CM15-0052790		
Date Assigned:	03/26/2015	Date of Injury:	11/23/2002
Decision Date:	05/05/2015	UR Denial Date:	03/13/2015
Priority:	Standard	Application Received:	03/20/2015

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 55-year-old male who sustained an industrial injury on 11/23/02. The mechanism of injury was not documented. Past surgical history was positive for right knee surgery. Records indicated that conservative treatment included ibuprofen, knee brace, and activity modification. The 1/15/15 right knee MRI impression documented removal proximal tibial fracture deformity status post fixation hardware removal, with residual mild articular surface incongruity involving the medial and lateral tibial plateaus posteriorly. There was a small bone infarct in the proximal tibial metaphysis. There was a lateral meniscus horizontal tear of the anterior horn extending to the inferior surface with degenerated anterior root ligament and parameniscal cysts anteriorly. Chronic low-grade anterior cruciate ligament injury and/or degeneration and chronic medial collateral ligament sprain were noted. The 2/17/15 treating physician report cited right knee pain. Physical exam findings documented positive MRI for anterior cruciate ligament and lateral meniscus tear. The diagnosis was internal derangement, rule-out anterior cruciate ligament tear. The treatment plan requested right knee arthroscopic surgery. Work status indicated the injured worker was on light duty for a biceps tear at the right elbow. The 3/13/15 utilization review non-certified the request for right knee arthroscopy as there was no documentation of mechanical signs, current clinical exam findings, or specific functional limitations relative to the knee. Additionally, the specific surgical procedure was not identified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right knee arthroscopy: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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 imaging evidence of anterior cruciate ligament degeneration and lateral meniscus tear. However, there is no documentation of severity of pain, or associated mechanical symptoms or functional limitations. There are no clinical exam findings documented in the available records. Detailed evidence of a recent, reasonable and/or comprehensive non-operative treatment protocol trial and failure has not been submitted. Therefore, this request is not medically necessary.