

Case Number:	CM15-0054985		
Date Assigned:	03/30/2015	Date of Injury:	04/29/2010
Decision Date:	05/01/2015	UR Denial Date:	03/03/2015
Priority:	Standard	Application Received:	03/23/2015

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 64-year-old male who sustained an industrial injury on 4/29/10, relative to repetitive work duties. Past surgical history was positive for right shoulder arthroscopy with subacromial decompression, Mumford, SLAP tear debridement, and rotator cuff repair on 12/29/10. The 10/13/14 left knee MRI impression documented posterior horn medial meniscus tear, medial plica, small joint effusion and no evidence for ligamentous rupture. The 1/26/15 treating physician report indicated that the patient presented on 10/24/14 with constant worsening left knee pain with catching, locking, and giving way. Physical exam documented on-going right lateral and medial knee tenderness, positive McMurray's, mild effusion, and no instability. He had a slight limp and MRI evidence of a medial meniscus tear. Arthroscopic surgery was recommended. The patient continued to have left knee pain and mechanical symptoms. He had not been in therapy, or doing his home exercises, or taking his medications. The diagnosis included left medial meniscus tear. Surgery was requested. The 2/13/15 utilization review non-certified the request for left knee arthroscopy and partial meniscectomy as there was no evidence of recent conservative treatment failure.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left knee arthroscopy with partial meniscectomy: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

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 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. 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 right knee pain with associated catching, locking, and giving way. Clinical exam findings are consistent with imaging evidence of a medial meniscus tear. However, detailed evidence of a recent, reasonable and/or comprehensive non-operative treatment protocol trial and failure has not been submitted. The treating physician report reported the injured worker had not attended therapy, was not doing home exercise, and was not taking medications. Therefore, this request is not medically necessary at this time.