

Case Number:	CM15-0055162		
Date Assigned:	03/30/2015	Date of Injury:	01/23/2015
Decision Date:	05/01/2015	UR Denial Date:	02/25/2015
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 56-year-old male who sustained a work related injury on 1/23/15. Injury occurred when he jumped over a wall and twisted his left knee. Initial treatment included immobilizer and cane, medications, and physical therapy. The 1/29/15 initial report cited complaints of left knee pain, instability, swelling, and clicking. Initial treatment included ibuprofen and Tramadol. Left knee exam documented range of motion 0-90 degrees with moderate swelling and effusion. There was tenderness over the medial and lateral menisci, tibial plateau, and medial collateral ligament. Forced flexion was painful, McMurray's was positive, and valgus/varus testing was stable. He was unable to squat. The diagnosis was left knee internal derangement and effusion. The treatment plan noted concurrent physical therapy, and recommended modified work and MRI. The 2/2/15 left knee MRI impression documented a complex posterior horn medial meniscus tear with prominent radial component that nearly completely to completely extended through the medial meniscus. There was moderate medial meniscus extrusion. There was degenerative arthrosis at the medial and patellofemoral compartments and large joint effusion. A hinged knee brace was provided 2/3/15. The 2/6/15 bilateral knee standing x-rays showed no acute fracture, normal alignment, mild right greater than left osteoarthritis, and mild left joint effusion. The 2/13/15 orthopedic report cited left knee pain with mechanical symptoms. The injured worker worked on his knees as a cement mason. Physical exam documented medial greater than patellofemoral pain, varus alignment, 1+ effusion, medial joint line tenderness, patellofemoral tenderness, and positive meniscal provocative testing. Range of motion was 0-100 degrees with patellofemoral crepitance. He had

a moderate antalgic limp. The treatment plan recommended left knee arthroscopic debridement. The 2/25/15 utilization review non-certified the request for left knee arthroscopy and debridement as the injured worker was less than one-month post injury and records did not establish 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 and debridement: 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 left knee pain with mechanical symptoms that precludes return to regular work. Clinical exam findings are consistent with imaging evidence of a complex medial meniscus tear and extrusion. Evidence of nearly one month of a recent, reasonable and/or comprehensive non-operative treatment protocol trial and failure has been submitted. Therefore, this request is medically necessary.