

Case Number:	CM15-0058967		
Date Assigned:	04/03/2015	Date of Injury:	11/05/2014
Decision Date:	05/19/2015	UR Denial Date:	03/13/2015
Priority:	Standard	Application Received:	03/28/2015

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: Minnesota, Florida
 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 39 year old male, who sustained an industrial injury on November 5, 2014. He reported twisted his right knee and had immediate pain. The injured worker was diagnosed as having a right medial meniscus tear. Treatment to date has included an MRI, x-rays, physical therapy, home exercise program, activity modifications, rest, pain and muscle relaxant medications, neoprene knee support, and a knee brace. On March 2, 2015, the injured worker complains of sharp right knee pain with swelling, tingling, and weakness. Associated symptoms include inability to fully bend the knee, buckling or giving way of the knee, and a feeling of instability. He is wearing a knee brace. The physical exam revealed a small right knee effusion, normal alignment, tenderness to palpation over the medial joint line, decreased range of motion, no crepitus, normal muscle strength, no instability of the ligaments, and a positive Bounce test. The treatment plan includes a right knee scope with medial and/or lateral meniscectomy and repair of internal derangement.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right knee scope with medial and/or lateral meniscectomy and repair of internal derangement: Upheld

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, 344, 345.

Decision rationale: California MTUS guidelines indicate surgical considerations for 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. Arthroscopic partial meniscectomy usually has a high success rate for cases in which there is a clear evidence of meniscus tear. Symptoms other than simply pain such as locking, popping, giving way, and recurrent effusion, clear signs of a bucket handle tear on examination such as tenderness over the suspected tear but not over the entire joint line and perhaps lack of full passive flexion and consistent findings on MRI. The MRI scan dated 12/11/2014 revealed evidence of patellar insertion tendinopathy, radial tear of the anterior horn and body of medial meniscus, and medial collateral ligament sprain. There was no pathology noted in the lateral meniscus. As such, the request for arthroscopy and partial medial meniscectomy is supported and so is the request for management of internal derangement. However, the request for partial lateral meniscectomy is not supported by evidence based guidelines. As such, the medical necessity of the partial lateral meniscectomy cannot be determined. Therefore this request is not medically necessary.