MAXIMUS Federal Services

Case Number:	CM15-0081120		
Date Assigned:	05/01/2015	Date of Injury:	09/13/2014
Decision Date:	06/04/2015	UR Denial Date:	04/22/2015
Priority:	Standard	Application Received:	04/27/2015

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 54 year old male, who sustained an industrial injury on 9/13/2014. Diagnoses include left knee lateral meniscus tear. Treatment to date has included diagnostics and medications. Per the handwritten Primary Treating Physician's Progress Report dated 3/30/2015, the injured worker reported continued left knee pain. Physical examination revealed tenderness to palpation of the left knee. He ambulates with a limp. There was edema of the left leg. The plan of care included medications and surgical intervention and authorization was requested for left knee arthroscopic surgery.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Left Knee Arthroscopy, Partial Lateral Meniscecetomy, Removal of 2 Distal Interspace Screws Left Tibia (unspecified if Inpatient/Outpatient: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM:
https://www.acoempracguides.org/Knee: table 2, Summary of Recommendations, Knee Disorder.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343, 344, 345.

Decision rationale: Handwritten progress notes dated 3/30/2015 indicate subjective complaints of continued left knee pain with no improvement. The injured worker was also complaining of left shoulder pain. He was tender to palpation at the lateral joint line of the left knee. There was a positive McMurray and edema of the left leg. He walked with a limp. There was decreased range of motion of the left shoulder with a positive Neer and positive Hawkins. Authorization was requested for left knee arthroscopy with partial lateral meniscectomy and removal of 2 distal screws. Prior documentation indicates a history of fracture of midshaft of the tibia and fibula status post open reduction and internal fixation with an intramedullary rod (date of surgery not reported). A prior orthopedic note from a different provider dated 11/21/2014 mentions a rollover accident in his big rig on September 13, 2014. At that time he denied any popping, clicking, or catching in his left knee but did report swelling and pain with walking. A prior unofficial MRI scan of the left knee had revealed a complex tear of the posterior horn of the medial meniscus with a para-meniscal cyst abutting the mid body and anterior horn adjacent to an osteochondral injury focus. There was intrasubstance softening versus grade 2 tear of the posterior horn of the medial meniscus. Osteochondral injury of the patellofemoral compartment was reported. The official MRI report is not available. Documentation with regard to a tear of the lateral meniscus for which surgery is requested is not currently available. There is also no documentation of non-operative treatment including physical therapy and the rationale for the requested surgery. The 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 is indicated for clear signs of a bucket handle tear such as locking, popping, giving way, or recurrent effusion with tenderness over the suspected tear but not over the entire joint line and consistent findings on the MRI. An imaging study with a lateral meniscal tear has not been submitted. Documentation of the duration of physical therapy or a home exercise program and associated failure has not been submitted. An imaging study with regard to the 2 screws that are to be removed is also not submitted. As such, the request for a partial lateral meniscectomy and removal of 2 screws is not supported by guidelines and the medical necessity of the request has not been substantiated.