

Case Number:	CM15-0082105		
Date Assigned:	05/04/2015	Date of Injury:	11/01/2010
Decision Date:	06/02/2015	UR Denial Date:	04/14/2015
Priority:	Standard	Application Received:	04/29/2015

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: California

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 female, who sustained an industrial injury on 11/1/10. The diagnoses have included status post arthroscopic surgery with residual meniscal tear and radial tear. Treatment to date has included medications, activity modifications, right knee arthroscopy, diagnostics, physical therapy 24 visits and home exercise program (HEP). The diagnostic testing that was performed included Magnetic Resonance Imaging (MRI) and ultrasound. MRI of the right knee date 10/2/14 demonstrates no tear of the medial meniscus and radial tear of lateral meniscus. Currently, as per the physician progress note dated 3/18/15, the injured worker returns for orthopedic follow up regarding right knee injury. She is status post right knee arthroscopy on 2/13/14 with improvement noted after surgery but now she feels that she is no longer improving. There is an updated Magnetic Resonance Imaging (MRI) which is noted to reveal a radial tear. She continues to complain of right knee symptoms such as swelling and giving way and would like to proceed with more aggressive treatment. Physical exam of the right knee revealed tenderness, effusion, positive Ege test and McMurray's sign causes pain. The physician recommended re-do of arthroscopy. The physician requested treatment included Right Knee Arthroscopy with Partial Meniscectomy and Meniscal Repair.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Knee Arthroscopy with Partial Meniscectomy and Meniscal Repair: 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): 344-345. Decision based on Non-MTUS Citation ODG Knee and Leg section, Meniscectomy section.

Decision rationale: CAMTUS/ACOEM Chapter 13 Knee Complaints, pages 344-345, states regarding meniscus tears, Arthroscopic partial meniscectomy usually has a high success rate for cases in which there is clear evidence of a meniscus tear symptoms other than simply pain (locking, popping, giving way, recurrent effusion) According to ODG Knee and Leg section, Meniscectomy section, states indications for arthroscopy and meniscectomy include attempt at physical therapy and subjective clinical findings, which correlate with objective examination and MRI. In this case the exam notes from 3/18/15 do not demonstrate evidence of adequate course of physical therapy or other conservative measures. In addition there is lack of evidence in the cited records of meniscal symptoms such as locking, popping, giving way or recurrent effusion. Therefore the determination is for non-certification; the request is not medically necessary.