

Case Number:	CM15-0082591		
Date Assigned:	05/05/2015	Date of Injury:	06/26/2010
Decision Date:	06/08/2015	UR Denial Date:	03/30/2015
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, Indiana, Oregon
 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 58 year old male, who sustained an industrial injury on 6/26/10. He reported initial complaints of neck, lumbar spine, bilateral knees and left hip. The injured worker was diagnosed as having chronic pain syndrome; left knee pain; low back pain; thoracic spine strain; lumbar spine disc rupture; left hip strain; right knee surgery; left knee internal derangement. Treatment to date has included status post right knee arthroscopic surgery (2012); physical therapy; shock wave therapy-left knee; acupuncture; urine drug screening; medications. Currently, the PR-2 notes dated 3/18/15 indicated the injured worker complains of upper back, lower back, left hip, and bilateral knee pain. The injured worker also noted he has erection problems. The provider's hand written notes indicate the injured worker has constant left knee pain and that therapy helps manage the pain, increases mobility and functionality. Walking and standing for prolonged periods of time aggravate the knee pain bilaterally. Notes shockwave therapy helped him manage pain in the left knee. Physical examination reveals+2 tenderness in the left knee with painful range of motion. Light touch sensation notes left anterior thigh, left lateral ankle and left lateral calf intact. There is nothing else offered from this date of service the treatment plan demonstrates a renewal of medication (Tramadol 50mg and Norflex 100mg) and follow-up in one month. A PR-2 initial orthopedic evaluation dated 3/5/15 indicates the injured worker had left knee surgery was performed on a nonindustrial basis 12 year ago. A claim was filed and settled. These notes demonstrate the injured worker has had physical therapy, acupuncture, and pain medications that provide pain improvement but remains symptomatic for the left knee. The provider recommended a MRI of the left knee with contrast to identify current

physiological insults and define anatomical defects and notes it is conceivable he has a meniscal tear. "Therefore, a potential candidate for left knee arthroscopy with partial meniscectomy. However, clearly diagnostic studies will be necessary to guide further treatment." The provider documents that in times of acute flare-ups, the injured worker would need injection to the left intraarticular knee space and trigger point injection for the low back. A PR-2 note date 12/3/14 remarks of Outpatient left knee arthroscopic medial meniscectomy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient left knee arthroscopic medial meniscectomy: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 343. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee Chapter, Indications for Surgery-Meniscectomy.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 344-345. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) knee.

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 3/18/18 do not demonstrate evidence of adequate course of physical therapy or other conservative measures or imaging evidence of a meniscus tear. 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 and is not medically necessary.