

Case Number:	CM14-0121011		
Date Assigned:	09/16/2014	Date of Injury:	09/26/2011
Decision Date:	10/15/2014	UR Denial Date:	07/25/2014
Priority:	Standard	Application Received:	07/31/2014

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. The expert reviewer is Board Certified in Orthopaedic Surgery and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 58-year-old male cement mason foreman sustained an industrial injury on 9/26/11. Injury occurred when he got out of the truck at a jobsite and his left knee buckled. He underwent left knee arthroscopic surgery on 11/15/11, followed by a left total knee replacement on 2/22/13. Records indicated the patient had daily right knee pain with no swelling, popping, or cracking. Symptoms increased with standing and walking. Range of motion was limited to -5 to 80 degrees with pain and crepitation. Body mass index was noted as 43.8, consistent with morbid obesity. The 5/27/14 left knee MRI impression documented a large multidirectional tear of the posterior horn of the medial meniscus. There was mild chondromalacia of the medial femorotibial compartment and medial facet of the patella. There was a medial collateral ligament sprain and patellar tendon strain. There was a small popliteal cyst. The 6/18/14 treating physician report indicated that the MRI was consistent with a multidirectional complex tear of the medial meniscus with the articular surfaces relatively spared. Exam documented medial joint line tenderness, positive McMurray's, 1+ effusion, palpable Baker's cyst, and negative ligamentous exam. Right knee arthroscopic surgery was recommended. The 7/25/14 utilization review denied the request for right knee arthroscopic surgery as there was no detailed documentation of conservative treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right knee arthroscopic surgery: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343-345.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343-345, 347. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg, Meniscectomy

Decision rationale: The California MTUS 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. The Official Disability Guidelines criteria for meniscectomy include conservative care (exercise/physical therapy and medication or activity modification) plus at least two subjective clinical findings (joint pain, swelling, feeling or giving way, or locking, clicking or popping), plus at least two objective clinical findings (positive McMurray's, joint line tenderness, effusion, limited range of motion, crepitus, or locking, clicking, or popping), plus evidence of a meniscal tear on MRI. Guideline criteria have not been met. There is no evidence of mechanical symptoms, other than pain. There is no detailed documentation that recent comprehensive pharmacologic and non-pharmacologic conservative treatment (including physical therapy and injections) had been tried and failed. Therefore, this request is not medically necessary.

Post-op physical therapy: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines PHYSICAL MEDICINE.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 24-25.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated service is medically necessary.