

Case Number:	CM14-0121814		
Date Assigned:	08/06/2014	Date of Injury:	02/24/2014
Decision Date:	09/29/2014	UR Denial Date:	07/10/2014
Priority:	Standard	Application Received:	08/01/2014

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 Orthopedic 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:

The claimant is a 40-year-old male who twisted his knee while working as an inspector on February 24, 2014. The report of the MRI of the right knee without contrast dated March 24, 2014 showed a chronic tear of the anterior cruciate ligament. The office note dated June 4, 2014 noted that the claimant continued to experience pain and episodes of giving way. Physical examination of the right knee showed evidence of suprapatellar effusion with no evidence of atrophy and good quadriceps tone. Range of motion was zero to 135 degrees. There was medial and lateral joint line tenderness with evidence of ligamentous laxity. McMurray's test was positive; Lachman's exam and pivot shift test were also positive. The claimant was diagnosed with right knee ACL tear with medial meniscus tear. While the documentation indicates that the claimant has attended physical therapy, it appears that therapy has focused specifically on the right foot and ankle. The physical therapy note from March 17, 2014 noted that there was no tenderness of the right knee on palpation but diffuse swelling was noted. This review is for a request for diagnostic right knee arthroscopy with possible meniscectomy versus meniscal repair.

IMR ISSUES, DECISIONS AND RATIONALES

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

Diagnostic Right knee Arthroscopy with possible Meniscectomy vs Meniscal Repair.:

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): 343-345..

Decision rationale: California ACOEM Guidelines recommend that there should be documentation of failure of an exercise program to increase range of motion and strength of musculature around the knee before proceeding with surgery. Also, prior to considering surgery specifically for meniscus tears, there should be clear signs of a bucket handle tear on examination and consistent findings on MRI. The medical records reveal conflicting documentation suggesting that at least on March 17, 2014 the claimant failed to have any tenderness of the knee but the most recent office notes available for review dated June 4, 2014 suggests that the claimant has both medial as well as lateral joint line pain which would not be specific to an isolated medial meniscal tear. More importantly, the MRI failed to establish that the claimant has meniscal pathology and instead noted a chronic ACL tear. Therefore, based on the documentation presented for review and in accordance with California ACOEM Guidelines, the request for the diagnostic right knee arthroscopy with possible meniscectomy versus meniscal repair is not medically necessary and appropriate.