

Case Number:	CM14-0128170		
Date Assigned:	09/23/2014	Date of Injury:	02/25/1991
Decision Date:	10/22/2014	UR Denial Date:	07/11/2014
Priority:	Standard	Application Received:	08/12/2014

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:

This 52-year-old male bartender sustained an industrial injury on 2/25/91. Injury occurred relative to lifting cases. Past surgical history was positive for six lumbar spine surgeries from 5/10/91 to 9/29/09. Right knee surgery had been performed in April 2001 and 8/12/02. Records suggested a recent and sudden onset of right knee pain. The 1/30/14 right knee MR arthrogram documented a subtle inner free edge tear of the residual body of the medial meniscus. There were multiple peri-cruciate ganglion cysts in the anterior cruciate ligament. There was a moderate grade partial thickness chondral deficit in the central weight bearing surface of the medial femoral condyle, and mild chondromalacia in the medial patellofemoral joint. The 6/9/14 chiropractic report documented continued right knee pain. Physical exam documented pain on palpation over the medial joint line, patellar tendon and patella. Range of motion was -5 to 125 degrees with positive McMurray's and patellar compression test. The 6/16/14 treating physician report cited grade 6/10 right knee pain. Pain was worse with standing and prolonged walking. Treatment had included topical creams, Medrox patches, and a corticosteroid injection. Physical exam documented tenderness to palpation over the peripatellar region with active range of motion limited to -5 to 115 degrees. McMurray/s was positive. The diagnosis was right knee medial meniscus tear, status post right knee surgery, and status post multiple lumbar spine surgeries. The treatment plan recommended authorization of topical creams, Medrox patches, and out-patient right knee arthroscopy with medial meniscectomy and cyst removal. The 7/11/14 utilization review denied the request for right knee surgery as there was no indication of significant mechanical symptoms, progressive or severe activity limitation, or adequate course of conservative treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Right Knee OPA with Medial Meniscectomy and Cyst Removal between 7/9/2014 and 8/23/2014: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 344-5.

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 in the submitted records of mechanical symptoms. Evidence of a recent, reasonable and/or comprehensive non-operative treatment protocol trial, over the past 6 months, and failure has not been submitted. Therefore, this request is not medically necessary.