

Case Number:	CM14-0129154		
Date Assigned:	09/16/2014	Date of Injury:	08/20/2012
Decision Date:	10/16/2014	UR Denial Date:	08/05/2014
Priority:	Standard	Application Received:	08/13/2014

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 41-year-old female driver sustained an industrial injury on 8/20/12 relative to moving heavy containers, weighing approximately 200 pounds. Injury was reported to the low back, both shoulders, and both knees. She underwent left knee arthroscopy with partial medial and lateral meniscectomy and partial synovectomy on 2/27/14. The 6/25/14 treating physician report cited right knee pain and mechanical symptoms. Right knee pain was reported with stooping, squatting, kneeling, and prolonged weight bearing. She reported clicking, popping, and catching. Right knee physical exam documented range of motion 0-140 degrees with pain at end range flexion. There was medial joint line tenderness, positive McMurray's. The treating physician stated a right knee MRI demonstrated medial meniscus tear. A right knee arthroscopy with partial medial meniscectomy was recommended. The 6/5/14 utilization review denied the request for right knee medial meniscectomy as there was no MRI documentation available evidencing a meniscal tear. Comprehensive medical records spanning two decades were submitted for review. There was no evidence of imaging relative to the right knee or directed guideline-recommended conservative treatment to the right knee.

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 Medial Meniscectomy: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): Pages 343-345. Decision based on Non-MTUS Citation (ODG) Official Disability Guidelines Knee & Leg Meniscectomy ODG indications for surgery

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343-345, 347. Decision based on Non-MTUS Citation (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 detailed imaging evidence provided in the available records relative to the right knee. Evidence of a recent, reasonable and/or comprehensive non-operative treatment protocol trial and failure for the right knee since the date of injury has not been submitted. Therefore, this request is not medically necessary.