

Case Number:	CM14-0138418		
Date Assigned:	09/05/2014	Date of Injury:	01/14/2013
Decision Date:	11/25/2014	UR Denial Date:	08/16/2014
Priority:	Standard	Application Received:	08/27/2014

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 45-year-old female housekeeper sustained an industrial injury on 1/14/13. Left knee injury occurred when she opened a door and stumbled. Initial conservative treatment included ice, rest, physical therapy, anti-inflammatory medications, and home exercise program with improvement reported. Past medical history was positive for obesity. The 2/13/13 left knee MRI impression documented disruption of the fibular attachment of the lateral collateral ligament and biceps femoris tendon which were combined together, and some retraction of the soft tissue planes. There was minimal joint effusion and the remainder of the MRI was reported as normal. The 7/11/13 radiographic consultation report documented review of the 2/13/13 left knee MRI and reported a negative study. The medial and lateral menisci were reported visualized with no evidence of meniscal tear or significant intrameniscal degeneration. No abnormalities of the ligaments were seen. The 2/3/14 treating physician report cited complaints of left knee pain, catching and stabbing discomfort. A left knee arthroscopy with partial lateral meniscectomy had been requested on 12/19/13 and was pending appeal. Physical exam documented reasonable heel-toe progressive gait, no knee effusion, range of motion 0-125 degrees, and generalized soft tissue tenderness with palpation throughout the knee. There was pain along the medial joint line and substantial discomfort with lateral palpation. There was no gross collateral or cruciate laxity. Previous MRI evaluation had shown a possible small lateral meniscus tear and minor radial tear of the free edge of the meniscus at the body segment of the posterior horn. She was capable of modified work. Authorization for surgery was again requested. The 8/6/14 initial treating physician report cited constant grade 5/10 left knee pain aggravated by weight bearing activities. Pain was relieved by rest, ice, and anti-inflammatory medications. The patient was able to perform activities of daily living but had to restrict employment due to pain. Associated symptoms included swelling and muscle cramping of her leg and low back. Physical exam

documented mild antalgic gait without assistive device, favoring the left leg. There was mild left knee swelling, mild valgus deformity, and limited flexion of 90 degrees and extension due to pain. There was tenderness throughout the knee and mild laxity of the medial collateral ligament. Muscle strength was 4-/5 in flexion and 4+/5 in extension due to pain. Conservative treatment had included physical therapy and one corticosteroid injection. The treatment plan requested authorization of left knee arthroscopic surgery as recommended by the orthopedic surgeon. The 8/16/14 utilization review denied the request for left knee arthroscopy with partial meniscectomy as there were no clear positive objective findings to support meniscal pathology.

IMR ISSUES, DECISIONS AND RATIONALES

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

Knee Arthroscopy/Surgery Left Knee: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 344-345.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 344. 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 clear imaging evidence of meniscal pathology. The original left knee MRI report of 2/13/13 stated there were no irregularities of the medial or lateral menisci. The second opinion radiology consultation report of 7/11/13 documented review of the 2/13/13 left knee MRI and reported a negative study, with no evidence of meniscal tear or significant intrameniscal degeneration. Detailed evidence of a recent, reasonable and/or comprehensive non-operative treatment protocol trial and failure has not been submitted. Therefore, this request is not medically necessary.