

Case Number:	CM14-0145014		
Date Assigned:	09/12/2014	Date of Injury:	08/19/1998
Decision Date:	10/14/2014	UR Denial Date:	09/04/2014
Priority:	Standard	Application Received:	09/08/2014

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 Internal Medicine 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 injured worker is a 57-year-old female who reported an injury on 08/19/1998 due to a heavy metal bar that fell on top of the machine and then hit her right shoulder and leg. The injured worker complained of pain to the bilateral upper extremities, bilateral shoulder pain, bilateral wrist pain, bilateral lumbar spine pain that radiated into the bilateral lower extremities, and bilateral knees. The physical examination of the knees revealed severe pain bilaterally. Range of motion was full. The orthopedic tests included the McMurray's positive bilaterally, anterior/posterior drawer negative bilaterally, the varus/valgus tests are negative bilaterally, pivot shift negative bilaterally, and patellar compression negative bilaterally. Sensory included pain to the bilateral L4, L5, and S1 dermatomes, otherwise sensation was intact and symmetrical throughout the bilateral lower extremities. The deep tendon reflexes were 1/4 to the bilateral patellar and Achilles tendons. Motor strength was 5/5 throughout bilaterally to the lower extremities. The diagnoses included cervical spondylosis, cervical facet joint pain, bilateral shoulder impingement, bilateral carpal tunnel syndrome, bilateral De Quervain's tenosynovitis, failed back surgery syndrome, status post spinal cord stimulator implant, lumbar radiculitis, and bilateral knee arthropathy. No MRIs of the left knee are available for review. Past treatment included aquatic therapy, medication, and home exercise program. The medications were unavailable; however, the injured worker was on medication as needed. The injured worker rated her pain a 9/10 using the VAS. The treatment plan was a left knee arthroscopy. The Request for Authorization dated 09/02/2014 was submitted with the documentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

One left knee arthroscopy: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Indications for Surgery Section, Diagnostic Arthroscopy

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

Decision rationale: The request for one left knee arthroscopy is not medically necessary. The California MTUS/ACOEM indicate that arthroscopic partial meniscectomy usually has a high success rate for cases in which there is clear evidence of a meniscus tear - symptoms other than simply pain (locking, popping, giving way, recurrent effusion); clear signs of a bucket handle tear on examination (tenderness over the suspected tear but not over the entire joint line, and perhaps lack of full passive flexion); and consistent findings on MRI. However, patients suspected of having meniscal tears, but without progressive or severe activity limitation, can be encouraged to live with symptoms to retain the protective effect of the meniscus. If symptoms are lessening, conservative methods can maximize healing. In patients younger than 35, arthroscopic meniscal repair can preserve meniscal function, although the recovery time is longer compared to partial meniscectomy. Arthroscopy and meniscus surgery may not be equally beneficial for those patients who are exhibiting signs of degenerative changes. The clinical notes were not evident of an MRI corroborating findings. The injured worker had a positive McMurray's test; however, also had full range of motion. The injured worker rated her pain a 9/10; however, the injured worker had multiple complaints from different body parts. The injured worker had aquatic therapy; however, no documentation of failed conservative care was noted. As such, the request for one left knee arthroscopy is not medically necessary.