

Case Number:	CM14-0149269		
Date Assigned:	09/18/2014	Date of Injury:	03/10/2014
Decision Date:	10/17/2014	UR Denial Date:	09/03/2014
Priority:	Standard	Application Received:	09/15/2014

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 48-year-old female deputy sheriff sustained an industrial injury on 3/10/14. Injury occurred when she twisted her body to reach for chains while transporting inmates. The patient is status post multiple bilateral knee arthroscopies. She underwent three left knee arthroscopic procedures between 7/19/10 and 6/10/13. The patient reported an acute flare-up of left knee symptoms on 3/10/14 when she pivoted on the left knee to grab something off a shelf. She felt a snapping feeling with an immediate onset of pain. The 3/12/14 left knee x-rays were reported normal. The 4/11/14 left knee MRI impression documented findings compatible with recurrent residual oblique tear noted to extend to the undersurface of the free margin of the posterior horn and body segment of the medial meniscus. There was a fluid collection noted deep to the more posterior fibers of the medial collateral ligament. Differential diagnosis would include tibial collateral bursitis or possible hairy meniscal cyst associated with the described meniscal tear. There was small joint effusion with trace fluid seen within the Baker cyst. There was moderate chondromalacia at the patellofemoral articulation and a more focal area of chondral fissuring along the lateral median ridge. The 7/01/14 treating physician report cited moderate to severe left medial knee pain. She completed 12/12 physical therapy visits last week. The patient had not worked for the past 2 months due to difficulty with prolonged standing, walking, kneeling and squatting. Anti-inflammatory medication, pain medications, and rest help. Knee exam documented range of motion 0-110 degrees, tenderness over the medial meniscus and medial collateral ligament, and positive McMurray's. The 7/28/14 treating physician report indicated that additional physical therapy had been denied. The patient had continued and worsening left knee pain with functional limitations. The 8/25/14 treating physician report cited complaints of left knee locking that occurred 6 to 7 times in the past 2 to 3 weeks while walking. Left knee exam documented non-antalgic gait, full range of motion, pain at full extension, left medial joint

line tenderness, equivocal McMurray's test, and 5/5 lower limb strength. The diagnosis was derangement of the medial meniscus of the left knee. Left knee arthroscopy was recommended. Anti-inflammatory medication was prescribed. The 9/3/14 utilization review denied the request for left knee arthroscopy as the patient did not have mechanical symptoms and findings suggestive of a bucket-handle type or similar tear of her meniscus and there was no recent rehabilitation treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left knee arthroscopy: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints
Page(s): 343-345, 347.

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. Guideline criteria have been met. This patient presents with persistent moderate to severe left knee pain with frequent locking. Clinical exam and imaging findings are consistent with a medial meniscus tear. Evidence of 5 months of a comprehensive non-operative treatment protocol trial and failure has been submitted. Therefore, this request is medically necessary.