MAXIMUS Federal Services

Case Number:	CM14-0163897		
Date Assigned:	10/08/2014	Date of Injury:	04/16/2008
Decision Date:	11/07/2014	UR Denial Date:	09/19/2014
Priority:	Standard	Application Received:	10/06/2014

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 59-year-old male sustained an industrial injury on 4/16/08. The mechanism of injury was not documented. Past surgical history was positive for anterior cervical discectomy and fusion at C3-7, lumbar microdiscectomy, right elbow lateral epicondylar release, right trigger finger release, and right knee arthroscopic surgery. Records indicated that the patient was under care for low back and lower leg pain, and left knee pain. The 4/18/14 left knee MRI impression documented an oblique tear in the posterior horn of the medial meniscus. The treating physician progress reports from 3/25/14 to 7/30/14 documented on-going left medial knee pain and weakness with episodes of buckling. Lower extremity motor function was documented as normal. There was no knee effusion. Range of motion was limited to 130 degrees of flexion. The treatment plan prescribed Naprosyn and Pantoprazole. There was no evidence of conservative treatment. The patient was not working. The 8/28/14 orthopedic consult report cited left knee pain along the medial joint line. Some days the patient could hardly walk and functional difficulty was noted with squatting and twisting. Treatment had included Naprosyn. X-rays noted the joint spaces were maintained with some spurring. Left knee exam documented range of motion 0-140 degrees, minimal swelling, no significant patellofemoral crepitus, medial joint line tenderness, pain and guarding with McMurray's, and stable ligaments. The treatment plan recommended left knee partial medial meniscectomy. The 9/19/14 utilization review denied the request for left knee surgery based on an absence of documented conservative treatment failure.

IMR ISSUES, DECISIONS AND RATIONALES

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

Arthroscopy with partial medial meniscectomy for the left knee: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints,Chronic Pain Treatment Guidelines.

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. 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 fully met. Subjective and objective clinical exam and imaging findings are consistent with meniscal pathology. Evidence of a recent, reasonable and/or comprehensive non-operative treatment protocol trial, including exercise/physical therapy, and failure has not been submitted. Therefore, this request is not medically necessary.