

Case Number:	CM14-0172764		
Date Assigned:	10/23/2014	Date of Injury:	01/22/2014
Decision Date:	12/02/2014	UR Denial Date:	10/02/2014
Priority:	Standard	Application Received:	10/20/2014

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 Surgeon and is licensed to practice in Texas. 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 56-year-old female who reported injury on 01/22/2014. The mechanism of injury was not provided. The injured worker underwent an MRI of the right knee on 06/27/2014 which revealed tricompartmental osteoarthritic changes most significant within the medial compartment with associated effusion. There was a Baker's cyst. There was globular increased signal intensity in the posterior horn of the medial meniscus most consistent with intrasubstance degeneration. A tear was not entirely excluded. The injured worker underwent a subsequent MRI of the right knee on 07/10/2014 which revealed a joint effusion, trilobular Baker's cyst, cyst in the popliteal fossa, chondromalacia patella, small osteophytes related to the posterior weight bearing aspect of the distal medial femoral condyle, irregular hematopoietization of the bone marrow in the distal femoral diaphysis, linear signals in the anterior and posterior horns of the lateral meniscus. It was inconclusive whether these were grade 3 tears or grade 2 signals. The injured worker underwent x-rays of the right knee on 09/11/2014 which revealed degenerative marginal osteophytes of the medial and lateral femoral condyle articular surfaces and medial and lateral tibial plateau articular surfaces. There was medial compartment joint space narrowing. There is degenerative marginal osteophyte off the posterior aspect of the patellar upper pole and patellar lower pole. The injured worker was authorized to undergo physical therapy for the bilateral knees on 09/26/2014. The documentation of 09/11/2014 revealed the injured worker had complaints of bilateral leg pain, right knee pain, and bilateral ankle pain. The injured worker complained of constant moderate achy sharp burning pain in the right knee with numbness and cramping radiating to the bottom of the feet. The physical examination revealed extension of 0/0 and flexion of 150 degrees/140 degrees. There was tenderness to palpation in the lateral joint line and medial joint line. The diagnosis included sprain of the knee and leg NOS and tear of the medial meniscus knee,

meniscus knee. The treatment plan included Tylenol #3 one by mouth twice a day for pain, naproxen 250 mg 1 by mouth daily, and Prilosec 20 mg 1 by mouth twice a day. Additional treatment included physiotherapy 2 times per week x4 weeks to bilateral knees and ankles, MRI of the left knee, x-rays of the bilateral knees and bilateral ankles and right knee arthroscopy with partial medial meniscectomy. Range of motion of the knees was noted to be normal. There was no request for authorization submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Arthroscopic examination of the right knee with partial medial meniscectomy: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Knee Chapter/Surgical Considerations

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

Decision rationale: The American College of Occupational and Environmental Medicine Guidelines indicate a referral for a surgical consultation may be appropriate for injured workers who have activity limitation for more than 1 month and a failure of an exercise program to increase range of motion and strength of the musculature around the knee. Additionally, they indicate that an arthroscopic partial meniscectomy usually has a high success rate for cases where there is clear evidence of a meniscus tear including symptoms other than pain, clear signs of a bucket handle tear on examination and consistent findings on MRI. The clinical documentation submitted for review indicated the injured worker had tenderness to palpation. There was a lack of documentation indicating symptomatology other than pain. There was no MRI submitted for the requested procedure. As such, the request would not be supported. Given the above, the request for arthroscopic examination of the right knee with partial medial meniscectomy is not medically necessary.