

Case Number:	CM14-0178051		
Date Assigned:	10/31/2014	Date of Injury:	10/04/2013
Decision Date:	12/12/2014	UR Denial Date:	09/29/2014
Priority:	Standard	Application Received:	10/27/2014

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 Orthopedic Surgeon and is licensed to practice in Hawaii, Washington, and Maryland. 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 58-year-old male who reported an injury on 10/04/2013. The mechanism of injury was the injured worker was pushing an oven back into place. He felt a sharp pain to the left knee. The diagnoses included degenerative lumbar disc disease with bilateral lumbar radiculopathy, degenerative left medial meniscus tear, and history of bilateral knee pain. The injured worker complained of left knee pain that was related to the lumbar spine and he later developed right knee pain. The x-ray of the bilateral knees dated 05/22/2014 revealed no evidence of acute bilateral osseous injury or significant degenerative disease. He was negative for medication use or injections to the right knee. The injured worker reported clicking sensation to the bilateral knees. The physical examination of the bilateral knees dated 05/22/2014 was negative for effusion bilaterally and tenderness to palpation in the region of the pes anserinus bilaterally, right greater than left. Range of motion of the bilateral knees was approximately 0 to 130 degrees. No instability noted to knees bilaterally. Negative for varus or valgus stress at 0 to 30 degrees and negative Lachman's bilaterally, negative anterior and posterior drawer bilaterally. Patellar tracked appropriately and had minimal pain with patellar compression. He was negative for straight leg raise bilaterally. Strength was a 5/5 bilaterally. Sensation was intact to light touch through the L2 through the S1 distributions equal and symmetric, plus 1+ patellar and Achilles reflexes bilaterally. MRI of the right knee was to be completed. Treatment plan was arthroscopy with debridement of the medial meniscus tear, and the injured worker was in physical therapy. The request for authorization dated 10/31/2014 was submitted within the documentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right knee arthroscopy with debridement of medial meniscal tear: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Indications for Surgery

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

Decision rationale: The request for right knee arthroscopy with debridement of medial meniscal tear is not medically necessary. The CA MTUS/ACOEM states arthroscopic partial meniscectomy usually has a high success rate for cases in which there is evidence of a meniscus tear with symptoms other than simply pain. Injured workers should have locking, popping, giving way, or recurring effusion; clear signs of a bucket handle tear on examination; and consistent findings on MRI. However, injured workers suspected of having meniscal tears, but without progressive or severe activity limitation, can be encouraged to live with the symptoms to retain the protective effect of the meniscus. If symptoms are lessening, conservative methods can maximize healing. In injured workers 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 beneficial for those injured workers who are exhibiting signs of degenerative changes. The clinical notes indicate that the injured worker had a clicking to the bilateral knees. However, the x-ray did not provide findings consistent with a need for arthroscopy. The MRI was not provided with the documentation. The documentation indicated that the provider was in the process of ordering a MRI of the right knee. The documentation was not evident of failed conservative care. The provider indicated that the injured worker was not taking any medication and had not received any injection to the right knee. Additionally, the patient had not completed physical therapy. As such, the request is not medically necessary.