

Case Number:	CM14-0180453		
Date Assigned:	11/05/2014	Date of Injury:	05/29/2013
Decision Date:	12/09/2014	UR Denial Date:	10/17/2014
Priority:	Standard	Application Received:	10/30/2014

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 Georgia. 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 male who reported an injury on 05/29/2013. The mechanism of injury was hyperextension. His diagnosis was medial meniscus tear of the right knee. His past treatments included medications, surgery, injections, crutches and use of a brace. Diagnostic studies were noted to include an MRI of the right knee performed on 08/13/2014, which revealed a stress fracture in the medial tibial plateau and a repaired meniscal tear with no new meniscal tear. His surgical history included arthroscopic medial meniscectomy and limited chondroplasty of the medial femoral condyle on 08/14/2013. On 10/16/2014, the injured worker complained of constant popping and pain of the right knee, rated at 8/10. An examination of the right knee revealed normal range of motion, tenderness over the medial joint line, a positive McMurray's test and a positive compression test. His medications were listed as Amlodipine, Tylenol with Codeine, and Norco. The treatment plan included medications, arthroscopy of the right knee for medial meniscectomy and chondroplasty and a follow up. A request was received for associated surgical service: Right knee arthroscopy, medial meniscectomy and associated surgical service: Post-operative physical therapy 2 x 6. The rationale for the request was not clearly stated. The Request for Authorization form was date 11/07/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Associated surgical service: Right Knee Arthroscopy, Medial Meniscectomy: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Arthroscopic Partial Meniscectomy.

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

Decision rationale: The request for associated surgical service: Right Knee Arthroscopy, Medial Meniscectomy is not medically necessary. According to the California MTUS ACOEM Guidelines, following conservative treatment, meniscectomy usually has a high success rate for cases in which there is clear evidence of a meniscus tear evidenced by symptoms other than simply pain, such as locking, popping, giving way, or recurrent effusion. There also needs to be clear signs of a tear on examination evidenced by tenderness over the suspected tear but not over the entire joint line, and possible lack of full passive flexion, as well as consistent findings on MRI. The clinical notes indicate the injured worker complained of increasing pain with constant popping of the knee and examination revealed tenderness over the medial joint line and positive McMurray's test. However, a report from a 08/13/2014 MRI revealed a stress fracture in the medial tibial plateau and a repaired meniscal tear. There was no further evidence of a meniscal tear. As the clinical findings do not meet all the criteria recommended by the guidelines, the request is not supported. Therefore, the request is not medically necessary.

Associated surgical service: Post-Operative Physical Therapy 2 X 6: Upheld

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.

Decision rationale: As the requested surgical intervention is not supported by the documentation, the requested ancillary service is also not supported.