

Case Number:	CM14-0091677		
Date Assigned:	07/25/2014	Date of Injury:	03/21/2013
Decision Date:	10/10/2014	UR Denial Date:	06/11/2014
Priority:	Standard	Application Received:	06/17/2014

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:

According to the records made available for review, this is a 64-year-old male with a 3/21/13 date of injury. At the time (5/19/14) of request for authorization for Left Knee Arthroscopy with possible partial medial and lateral meniscectomy, there is documentation of subjective (bilateral knee pain with popping) and objective (tenderness over bilateral patella and medial and lateral joint line, bilateral patellar crepitus, positive bilateral McMurray's test, and decrease bilateral knee range of motion) findings, imaging findings (MRI of the left knee (5/5/14) report revealed extensive horizontal tear through the posterior horn, mid-segment, and part of the anterior horn of the medial meniscus, horizontal tear through the mid-segment and part of the anterior horn of the lateral meniscus, and marked generalized loss of articular cartilage of patella with subchondral erosions), current diagnoses (bilateral knee medial and lateral meniscus tear with cartilage loss and marked chondromalacia of the left knee), and treatment to date (medications and physical therapy).

IMR ISSUES, DECISIONS AND RATIONALES

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

Left Knee Arthroscopy with possible partial medial and lateral meniscectomy: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental

Decision rationale: MTUS reference to ACOEM Guidelines identifies that arthroscopic partial meniscectomy usually has a high success rate for cases in which there is clear evidence of a meniscus tear; symptoms other than simply pain (locking, popping, giving way, recurrent effusion); clear signs of a bucket-handle tear on examination (tenderness over the suspected tear but not over the entire joint line, and perhaps lack of full passive flexion); and consistent findings on MRI, as criteria necessary to support the medical necessity of meniscectomy. ODG identifies documentation of conservative care (Physical therapy OR Medication OR Activity modification), at least two symptoms (Joint pain OR Swelling OR Feeling of give way OR Locking, clicking, or popping), at least two findings (Positive McMurray's sign OR Joint line tenderness OR Effusion OR Limited range of motion OR Locking, clicking, or popping OR Crepitus), and imaging findings (Meniscal tear on MRI), as criteria necessary to support the medical necessity of meniscectomy. Within the medical information available for review, there is documentation of diagnoses of bilateral knee medial and lateral meniscus tear with cartilage loss and marked chondromalacia of the left knee. In addition, there is documentation of conservative care (medications and physical therapy), at least two symptoms (pain and popping of the left knee), at least two findings (positive McMurray's sign, joint line tenderness, limited range of motion, and crepitus), and imaging findings (medial and lateral meniscal tear). Therefore, based on guidelines and a review of the evidence, the request for Left Knee Arthroscopy with possible partial medial and lateral meniscectomy is medically necessary.