

Case Number:	CM14-0097383		
Date Assigned:	07/28/2014	Date of Injury:	02/24/2014
Decision Date:	10/14/2014	UR Denial Date:	06/13/2014
Priority:	Standard	Application Received:	06/25/2014

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:

45 year old male claimant with an industrial injury dated 02/24/14. Exam note 02/25/14 state the patient had a chief complaint of knee pain and swelling. The patient explains that he problems with his knee giving out, locking and catching. Physical exam demonstrate that the patient has swelling around the right knee, tenderness to palpation present, and positive for crepitus. The range of motion had a flexion of 110 and extension of 0. Exam note 03/03/14 states the patient returns with the same knee pain. He had finished a prednisone taper and upon the physical exam there was an effusion with lateral joint line tenderness with no ligamentous instability. The patient was diagnosed with a lateral meniscus tear of the right knee. Exam note 04/17/14 states the patient is now status post an arthroscopic partial medial meniscectomy and debridement. Exam note 05/20/14 states the patient returns and mentions that he is making progress but still has restricted range of motion and pain. The knee is healing well with an active motion of 0-90, but the knee is stable, neurovascularly intact, no effusion, mild warmth, and no erythema. No attached MRI of the right knee is present in the records.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Knee Arthroscopy with Meniscectomy, cartilage debridement: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints
Page(s): 344-345. Decision based on Non-MTUS Citation Knee and Leg Section, Meniscectomy

Decision rationale: CAMTUS/ACOEM Chapter 13 Knee Complaints, pages 344-345, states regarding meniscus tears, "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)According to ODG Knee and Leg section, Meniscectomy section, states indications for arthroscopy and meniscectomy include attempt at physical therapy and subjective clinical findings, which correlate with objective examination and MRI. In this case the exam notes from 5/20/14 do not demonstrate evidence of adequate course of physical therapy or other conservative measures. In addition there is lack of evidence in the cited records of MRI evidence of a meniscus tear. Therefore, right knee arthroscopy with meniscectomy, cartilage debridement is not medically necessary and appropriate.