

Case Number:	CM13-0072238		
Date Assigned:	01/17/2014	Date of Injury:	05/13/2009
Decision Date:	03/26/2015	UR Denial Date:	12/12/2013
Priority:	Standard	Application Received:	12/30/2013

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: Illinois, California, Texas
 Certification(s)/Specialty: Orthopedic Surgery

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 43-year-old female who sustained an industrial injury on 05/13/09. Past surgical history was positive for right ankle arthrotomy with synovectomy, and a subsequent right ankle surgery on 8/20/09 for chronic instability. The 2/23/13 left knee MRI impression documented discoid lateral meniscus with severe mucoid degeneration, anterior horn intrameniscal and parameniscal cyst. The enlarged anterior horn was slightly distorting the anterior cruciate ligament and the parameniscal ganglion extended into the infrapatellar fat pad with surrounding fibrosis. There was diffuse anterior cruciate ligament mucoid degeneration, but the ligament was intact. There was tricompartmental osteoarthritis. The 8/14/13 treating physician report cited constant left knee pain with associated buckling, popping and crepitus. Left knee physical exam documented tenderness to palpation and crepitus. An orthopedic consult was pending. The 10/17/13 orthopedic consult report cited on-going knee pain. Left knee exam documented range of motion 0-120 degrees, no varus or valgus instability, equivocal Lachman and pivot shift, positive Apley's compression test, and there was a valgus and excessive laxity. The patient was a candidate for left knee arthroscopy with meniscectomy. The 11/27/13 treating physician report cited on-going knee pain with a torn discoid lateral meniscus. She had mechanical symptoms, including an episode of locking this past week and resulted in a fall. Physical exam findings documented range of motion 0-120 degrees, no varus or valgus instability, equivocal Lachman and pivot shift, positive Apley's compression test, and there was a valgus and excessive laxity. Appeal of the request for left knee arthroscopy with meniscectomy was requested. Conservative treatment included medications, home exercise program, activity

modification, and transcutaneous electrical nerve stimulation (TENS) Unit. On 02/12/2013 Utilization Review non-certified the request for left knee arthroscopy with lateral meniscectomy, and cited was California Medical Treatment Utilization Schedule (MTUS) - American College of Occupational and Environmental Medicine (ACOEM).

IMR ISSUES, DECISIONS AND RATIONALES

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

LEFT KNEE ARTHROSCOPY WITH LATERAL MENISCECTOMY: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 1020-1021.

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

Decision rationale: The California MTUS guidelines support arthroscopic partial meniscectomy for cases in which there is clear evidence of a meniscus tear including symptoms other than simply pain (locking, popping, giving way, and/or recurrent effusion), clear objective findings, and consistent findings on imaging. The Official Disability Guidelines criteria for meniscectomy include conservative care (exercise/physical therapy and medication or activity modification) plus at least two subjective clinical findings (joint pain, swelling, feeling or giving way, or locking, clicking or popping), plus at least two objective clinical findings (positive McMurray's, joint line tenderness, effusion, limited range of motion, crepitus, or locking, clicking, or popping), plus evidence of a meniscal tear on MRI. Guideline criteria have been met. This patient presented with persistent left knee pain with associated buckling, popping, and locking. Clinical exam findings were consistent with imaging evidence of meniscal pathology. Detailed evidence of a recent, reasonable and/or comprehensive non-operative treatment protocol trial (including activity modification, exercise, and medication) and failure was submitted. Therefore, this request is medically necessary.