

Case Number:	CM14-0169564		
Date Assigned:	10/17/2014	Date of Injury:	03/27/2012
Decision Date:	06/26/2015	UR Denial Date:	09/30/2014
Priority:	Standard	Application Received:	10/14/2014

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. 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: California

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 44-year-old male, who sustained an industrial injury on 3/27/12. He reported falling down a flight of stairs and injuring his low back and bilateral knees. The injured worker was diagnosed as having bilateral knee tendinitis/bursitis. Treatment to date has included a right knee MRI in 2012 showing a partial tear in the posterior horn of the medial meniscus, physical therapy, chiropractic treatments, acupuncture and an EMG/NCV study of the lower extremities. Current medications include Hydrocodone, Sentra, Omeprazole, Capstone and Gavilax. As of the PR2 dated 9/4/14, the injured worker reports continuous pain in his bilateral knee. He has difficulty ascending and descending stairs. Objective findings include patellar crepitus bilaterally and a positive McMurray's test. The treating physician requested Arthroscopy with chondroplasty, partial meniscectomy (right knee).

IMR ISSUES, DECISIONS AND RATIONALES

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

Arthroscopy with chondroplasty, partial meniscectomy (right knee): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 344-345.

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

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 9/4/14 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 meniscal symptoms such as locking, popping, giving way or recurrent effusion. Therefore, the request is not medically necessary.