

Case Number:	CM14-0201462		
Date Assigned:	12/11/2014	Date of Injury:	09/03/2010
Decision Date:	01/29/2015	UR Denial Date:	11/13/2014
Priority:	Standard	Application Received:	12/01/2014

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 New York. 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:

This 44 year old female continues to complain of left knee pain stemming from a work related injury that was reported on 9/3/2010. Diagnoses include left knee posterior horn lateral meniscus tear; blunting of medial meniscus remnant - side not stated; and mild osteoarthritis of the knee - side not stated. Treatments have included consultations; diagnostic MRI; arthroscopy and medial meniscectomy; epidural steroid injection; and medication management. SOAP notes, dated 11/12/2014, show complaints of increased low back pain and left lower extremity pain, numbness and burning in the left thigh, weakness in the left leg, and no changes in her chronic left knee pain that was rated 6-9/10. Reported is that the pain is worsened with walking and bending at the waist, and improved with medications. Objective findings note an obese female with an antalgic gait pattern, sits listed to the right and does not use any assistive devices to ambulate. Range of motion and rotation of the lumbar spine reveal limitations with normal alignment, and noted to be tender and with spasms. Examination of the left knee noted a well healed scar consistent with arthroscopic knee surgeries, along with tenderness over the medial joint line. Normal bulk tone was noted in all the extremities as well as a mild decrease in strength to the left hip and knee. A mild decrease in sensation was also noted to lumbar (L) 4-5 dermatomes of the lower extremities. Diagnoses are noted to include unspecified internal derangement of knee - side not stated; displacement of lumbar intervertebral disc without myelopathy; and lumbago. Lumbar 4-5 disc protrusion and radicular component was stated to be obvious with exam on the left that corresponded to the level of herniation that resulted in a lumbar epidural injection at L4-5 on 12/2/14. Medications are noted to include: Anaprox, Omeprazole, Trazadone, and Tramadol. The Plan included a request for a total left knee arthroscopy and continuation of medications. The injured worker was stated to be permanent and stationary for the left knee only. Progress notes, dated 11/14/2014, show complaints of

excruciating pain in her left knee with the inability to fully extend her knees or bend her knee. Objective findings noted a normal exam of both lower extremities except for an old tibia burn scar on the left and 2 portal sites consistent with previous arthroscopy, side not stated; and decreased range of motion with pain around the entire knee and hip, side not stated. Review of an MRI notes blunting of the remnant of the posterior horn of the medial meniscus, side not stated, that is consistent with her history; and an inner edge tear of the lateral meniscus probably the inner 1/3. Medications are noted to include Naprosyn, Tramadol and Omeprazole. The treatment plan included a request for arthroscopic meniscectomy chondroplasty. Progress notes, dated 12/1/2014, show no significant changes in subjective complaints of left knee pain, except added is the description of "popping, clicking and locking fusion". No changes in objective findings or in the review of the MRI were noted. No mention of medications is noted and the treatment plan notes an authorization for surgery and the inability of the injured worker to work until then. An MRI of the left knee is noted to have been done on 10/20/2014 and of the lumbar spine on 6/27/2013. On 11/13/2014, Utilization Review non-certified the request for left knee arthroscopic medial meniscectomy and chondroplasty citing that based on the information provided, the request did not meet preliminary guidelines to be medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left knee arthroscopic partial medial meniscectomy and chondroplasty: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: MTUS Knee Pain Chapter

Decision rationale: The medical records do not document a recent and failure of conservative measures for the treatment of chronic knee pain. There is no documentation a recent physical therapy. Additional conservative measures to include a course of physical therapy are medically necessary. There are no red flag indicators for knee surgery at this time such as her loss of motion or instability. Surgery is not medically needed.