

Case Number:	CM15-0013163		
Date Assigned:	01/30/2015	Date of Injury:	04/17/2014
Decision Date:	03/19/2015	UR Denial Date:	01/16/2015
Priority:	Standard	Application Received:	01/22/2015

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:

This 34 year old male sustained an industrial injury to the left knee on 4/17/14. Injury occurred while he was pushing a bread rack and pivoted to move the fully loaded rack. He twisted his left knee and felt a pop. Conservative treatment has included activity modification, physical therapy, injection, and medications. The 5/8/14 left knee MRI (magnetic resonance imaging) impression documented an anterior cruciate ligament (ACL) injury, probably a partial tear, but a complete tear without displacement could have a similar appearance. The 6/23/14 orthopedic report documented persistent left knee pain with inability to squat or crouch comfortably or bend his knee fully. Physical exam documented atrophy of the vastus medialis oblique portion of his quadriceps with 4+/5 strength. There was normal patellofemoral alignment, tracking and mobility. Range of motion was 0 to 125 to 130 degrees with pain in flexion. Diffuse parapatellar tenderness with no joint line tenderness. There was no instability on exam. McMurray's was negative. Imaging was reviewed with no clear cut evidence of ACL disruption. The diagnosis was left knee strain with clinically intact ACL. Left knee pain was reported out of proportion to the current injury, and complex regional pain syndrome or narcotic seeking behavior could not be ruled out. Physical therapy was recommended to address the deconditioning of his quadriceps. The orthopedic follow-up exams of 7/18/14 and 9/3/14 were essentially unchanged. The 11/6/14 left knee MR arthrogram conclusion indicated that there was no pathology identified. The 11/6/14 left knee MRI conclusion documented focal partial thickness insertional tear of the posterior lateral band of the anterior cruciate ligament. Cartilage and ligaments were intact. The 12/19/14 treating physician report cited relatively severe left knee pain. He was working with

significant difficulty and taking a variety of pain medications. Physical exam documented 1+ Lachman, negative pivot shift, negative varus-valgus laxity, positive McMurray's laterally, and lateral joint line tenderness. He had full range of motion and an antalgic gait to the left. The diagnosis was left knee internal derangement with focal partial-thickness insertional tear of the ACL. The treating physician opined that it was likely that the patient had a meniscal tear that was causing pain and not seen on the MRI. A left knee diagnostic evaluation and treatment was recommended. On 1/16/15, Utilization Review noncertified a request for Left Knee Arthroscopic Evaluation and Treatment both of Diagnostic and Therapeutic purposes citing CA MTUS and ACOEM Guidelines. As a result of the UR denial, an IMR was filed with the Division of Workers Comp.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left Knee Arthroscopic Evaluation and Treatment both of Diagnostic and Therapeutic purposes: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 344-345. Decision based on Non-MTUS Citation Official Disability Guidelines, (ODG) Treatment Index, 13th Edition (web), 2015, Knee Chapter

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

Decision rationale: The California MTUS guidelines support meniscal surgery for cases in which there is clear evidence of a meniscus tear including symptoms other than simply pain, clear objective findings, and consistent findings on imaging. The Official Disability Guidelines recommend diagnostic arthroscopy when clinical indications are met. Indications include medications or physical therapy, plus pain and functional limitations despite conservative treatment, and imaging is inconclusive. Guideline criteria have been met. This patient presents with persistent left knee pain with functional limitations despite conservative treatment. There are no clear mechanical symptoms documented to support meniscal surgery. However, clinical and imaging exams since the date of injury are at least equivocal for a partial thickness ACL tear and meniscal pathology. Therefore, this request for left knee arthroscopic evaluation and treatment, diagnostic and therapeutic, is medically necessary.