

Case Number:	CM15-0014252		
Date Assigned:	02/02/2015	Date of Injury:	05/21/2009
Decision Date:	03/23/2015	UR Denial Date:	12/30/2014
Priority:	Standard	Application Received:	01/05/2015

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 58 year old man sustained an industrial injury on 5/21/2009. The mechanism of injury was not detailed. The patient was diagnosed with a small flap tear of the medial meniscus and patellofemoral joint chondromalacia. He underwent left knee arthroscopy with partial meniscectomy and debridement on 9/14/11. The 7/31/12 right knee MRI revealed a small horizontal tear of the body and posterior junction of the medial meniscus. There was moderate diffuse chondromalacia in the weight bearing aspect of the medial compartment and moderate to severe diffuse patellofemoral chondromalacia. There was small joint effusion and a small Baker's cyst. The 12/1/14 right knee x-rays revealed mild medial joint compartment narrowing, but was otherwise unremarkable. The 12/1/2014 treating physician report cited progressively worsening right knee pain that includes locking and giving way and pain. Physical exam documented medial tenderness, small effusion, medial joint compartment pain, and mild patellofemoral joint crepitus. The diagnosis was right knee medial meniscus tear with chondromalacia of the medial femoral condyle and patellofemoral joint. The treatment plan was for partial meniscectomy and debridement. On 12/30/2014, Utilization Review modified the request for right knee arthroscopy medial/lateral with partial meniscectomy and debridement to arthroscopy with partial medial meniscectomy and debridement. Lateral meniscectomy was not supported as there was limited imaging evidence of lateral meniscal pathology. MTUS, ACOEM Guidelines, (or ODG) was cited. The request was subsequently appealed to Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Surgery: Right knee arthroscopy/medical/lateral with partial meniscectomy & debridement: Upheld

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-Treatment in Workers Compensation, Knee and Leg Procedure Summary, and the ODG- Indications for Surgery--Meniscectomy

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

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 patient presents with right knee pain and mechanical symptoms. Clinical exam findings were consistent with imaging evidence of medial meniscus tear and patellofemoral chondromalacia. The 12/30/14 utilization review modified the request for right knee arthroscopy medial/lateral with partial meniscectomy and debridement to arthroscopy medial with partial meniscectomy and debridement. There is no compelling rationale presented to support additional surgical authorization at this time in the absence of significant clinical exam or imaging evidence of lateral meniscal tear. Therefore, this request is not medically necessary.