

Case Number:	CM15-0113139		
Date Assigned:	06/19/2015	Date of Injury:	09/23/2007
Decision Date:	07/20/2015	UR Denial Date:	06/03/2015
Priority:	Standard	Application Received:	06/11/2015

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: 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 58 year old female, who sustained an industrial injury on 9/23/07. She has reported initial complaints of a slip and fall with bilateral knee injuries. The diagnoses have included bilateral knee meniscal tear. Treatment to date has included medications, diagnostics, activity modifications and physical therapy. Currently, as per the physician progress note dated 5/1/15, the injured worker complains of sharp pain to the bilateral knees, popping and clicking to the bilateral knees, grinding, stiffness, and limited motion, and weakness, instability, throbbing and tingling and on and off difficulty bearing weight to the bilateral knees. The physical exam of the left knee reveals tenderness, positive McMurray test, positive Apley test, and there is 1+ laxity of the anterior cruciate ligament (ACL). The exam of the right knee reveals tenderness, positive McMurray and positive Apley tests. There is decreased flexion in the right and left knees. The diagnostic testing that was performed included Magnetic Resonance Imaging (MRI) of the right knee dated 10/26/14 that reveals tricompartmental articular cartilage denudation and osteophyte formation, complex degenerative tear in the medial meniscus and lateral meniscus, chronic sprain and partial tear of the lateral collateral ligament, small joint effusion and Baker's cyst. There is no previous therapy sessions noted in the records. The physician requested treatment included Right knee arthroscopy and debridement.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right knee arthroscopy and debridement: Upheld

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

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

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); clear signs of a bucket handle tear on examination (tenderness over the suspected tear but not over the entire joint line, and perhaps lack of full passive flexion); and consistent findings on MRI." In this case the MRI from 10/26/14 demonstrates osteoarthritis of the knee without clear evidence of meniscus tear. The ACOEM guidelines state that, "Arthroscopy and meniscus surgery may not be equally beneficial for those patients who are exhibiting signs of degenerative changes." As the patient has significant osteoarthritis the requested knee arthroscopy is not medically necessary.