

Case Number:	CM15-0115217		
Date Assigned:	06/23/2015	Date of Injury:	08/04/2000
Decision Date:	07/23/2015	UR Denial Date:	05/15/2015
Priority:	Standard	Application Received:	06/15/2015

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, Indiana, Oregon

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 65 year old female with an industrial injury dated 08/04/2000. The injured worker's diagnoses include tear of the medial meniscus. Treatment consisted of diagnostic studies, prescribed medications, steroid injection, previous partial, medial, and lateral meniscectomies of the right knee and periodic follow up visits. In a progress note dated 05/05/2015, the injured worker reported right knee pain. Objective findings revealed decrease extension of right knee and tenderness at the posterior horn of medial meniscus. The treating physician reported that the Magnetic Resonance Imaging (MRI) revealed what appeared to be a new horizontal tear to the mid body of the medial meniscus. The treating physician prescribed services for repeat right knee arthroscopy and medial and lateral meniscectomies now under review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Repeat right knee arthroscopy and medial and lateral meniscectomies after discussion with the treating physician's representative by phone: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), knee and leg (acute and chronic).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 344-345. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) knee.

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. According to ODG, Knee and Leg Chapter, Arthroscopic Surgery for osteoarthritis: Not recommended. Arthroscopic lavage and debridement in patients with osteoarthritis of the knee is no better than placebo surgery, and arthroscopic surgery provides no additional benefit compared to optimized physical and medical therapy. In this case, the exam notes from 5/5/15 do not demonstrate meniscal symptoms such as locking, popping, giving way or recurrent effusion. Further, there is evidence of arthritic change on the MRI done after surgery. Considering both possible scenarios, the request is not within guidelines. Therefore, the request is not medically necessary.