

Case Number:	CM15-0128324		
Date Assigned:	07/14/2015	Date of Injury:	02/09/2011
Decision Date:	08/24/2015	UR Denial Date:	06/08/2015
Priority:	Standard	Application Received:	07/02/2015

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 injured worker is a 62-year-old male who sustained an industrial injury on 2/9/11, relative to cumulative trauma. Records indicated the injured worker was being treated for bilateral shoulder and knee pain. The 11/10/14 treating physician report cited a diagnosis of left knee meniscal tear. The 2/16/15 treating physician report cited complaints of left knee pain with locking, popping and instability. Knee exam documented bilateral medial and lateral joint line tenderness, patellar crepitus with flexion/extension of the left knee, and positive McMurray's on the left. The injured worker had an antalgic gait. Authorization was reported pending for left knee surgery. The 3/30/15 treating physician report cited left knee pain with popping, locking and instability. Left knee exam documented pain with flexion and extension, medial and lateral joint line tenderness, positive McMurray's, and pain with squatting. The diagnosis included chondromalacia and knee tendinitis/bursitis. Authorization was requested for left knee arthroscopy with chondroplasty and partial meniscectomy. The 6/8/15 utilization review non-certified the request for left knee arthroscopy with chondroplasty and partial meniscectomy as there was no documentation of imaging evidence of a surgical lesion.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left knee arthroscopy w/ Chondroplasty, Partial meniscectomy: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343-345. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg: Chondroplasty; Meniscectomy.

Decision rationale: The California MTUS guidelines state that surgical consideration may be indicated for patients who have activity limitation for more than one month and failure of exercise programs to increase range of motion and strength of the musculature around the knee. 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 Official Disability Guidelines (ODG) criteria for meniscectomy include conservative care (exercise/physical therapy and medication or activity modification) plus at least two subjective clinical findings (joint pain, swelling, feeling or giving way, or locking, clicking or popping), plus at least two objective clinical findings (positive McMurray's, joint line tenderness, effusion, limited range of motion, crepitus, or locking, clicking, or popping), plus evidence of a meniscal tear on MRI. The ODG criteria for chondroplasty include evidence of conservative care (medication or physical therapy), plus joint pain and swelling, plus effusion or crepitus or limited range of motion, plus a chondral defect on MRI. Guideline criteria have not been met. This injured worker presents with persistent left knee pain with locking, popping, and instability. Clinical exam findings are consistent with meniscal pathology and plausible chondromalacia. However, there is no imaging report available in the submitted records or documented in the treating physician progress reports to evidence a meniscal tear or chondral defect. Detailed evidence of a recent, reasonable and/or comprehensive non-operative treatment protocol trial and failure has not been submitted. Therefore, this request is not medically necessary at this time.