

Case Number:	CM15-0129802		
Date Assigned:	07/16/2015	Date of Injury:	11/25/2014
Decision Date:	08/11/2015	UR Denial Date:	06/25/2015
Priority:	Standard	Application Received:	07/03/2015

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 (IW) is a 54 year old female who sustained an industrial injury on 11/25/2014. She reported feeling her knee "pop." The injured worker was diagnosed as having left knee pain, and a medial meniscus tear. Treatment to date has included physical therapy which was not helpful and non-steroidal anti-inflammatory medications likewise did not resolve her pain, nor did a steroid injection. Currently, the injured worker complains of knee pain described as aching with pins and needles sensation and numbness. The pain is rated a 4 on a scale of 1-10, when medicated and an 8 without medications. She complains of inability to fully extend her knee due to a feeling that something is "stuck" in her left knee. Weight bearing activities aggravate the pain. On examination there is crepitus in the left knee with mild joint effusion at the medial joint line. Flexion is within normal limits but extension is limited to 10 degrees. She has a negative Varus and Valgus stress test. Her strength is normal in both lower extremities and has intact sensation bilaterally. She ambulates without a cane, but has the left knee in a slightly flexed position when walking. A MRI (02/03/2015) showed possible tear on the anterior horn of the medial meniscus. There was a 6-7mm parameniscal cyst adjacent to the root attachment of the medial meniscus. The treatment plan is for a diagnostic arthroscopic examination and debridement as indicated by the arthroscopic findings. A request for authorization is made for the following: Left Knee Meniscectomy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left Knee Meniscectomy: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343-345.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. 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. In this case, there is no correlating imaging finding to warrant meniscectomy. Based on this, the request is not medically necessary.