Case Number:	CM15-0171945		
Date Assigned:	09/14/2015	Date of Injury:	03/22/2014
Decision Date:	10/16/2015	UR Denial Date:	09/01/2015
Priority:	Standard	Application Received:	09/01/2015

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, Oregon, Washington
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 51-year-old male who sustained an industrial injury March 22, 2014. Diagnoses have included right ankle sprain, and an ultrasound March 12, 2015 showed right lateral femorotibial joint surface narrowing with degenerative changes, and lateral meniscus tear with parameniscal cyst. Impression also stated there was small joint effusion and probably patellofemoral arthralgia. Documented treatment includes home exercise, bracing, medication bringing levels from 8-9 out of 10 to 2-3, and there are 12 physiotherapy sessions documented on the March 2, 2015 progress report, but frequency and response are not provided. A surgical consultation was performed May 28, 2015, and initial request for surgery was submitted May 29, 2015 and denied July 29, 2015. The injured worker continues to complain of right knee pain and grinding with flexion at 98 degrees and extension at 0 degrees, with grade 4-5 muscle weakness. The treating physician's plan of care includes a request for arthroscopic right partial lateral meniscectomy, chondroplasty, and debridement on August 18, 2015 which was denied September 1, 2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Arthroscopic Right Partial Lateral Meniscectomy #1: Upheld

Claims Administrator guideline: Decision based on MTUS Knee Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Knee Complaints 2004, Section(s): Surgical Considerations. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg section, Meniscectomy section.

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, the exam notes from 5/28/15 do not demonstrate evidence of a meniscal tear on MRI, as there is only an ultrasound form 3/12/15. In this case, there is lack of evidence in the cited records of meniscal symptoms such as locking, popping, giving way or recurrent effusion. Therefore the determination is for non-certification and therefore is not medically necessary.

Arthroscopic Right Chondroplasty And Debridement #1: Upheld

Claims Administrator guideline: Decision based on MTUS Knee Complaints 2004.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg regarding chondroplasty.

Decision rationale: CA MTUS/ACOEM is silent on the issue of chondroplasty. According to the ODG Knee and Leg regarding chondroplasty; Criteria include ALL of the following; conservative care, subjective clinical findings of joint pain and swelling plus objective clinical findings of effusion or crepitus plus limited range of motion plus chondral defect on MRI. In this case there is no MRI that demonstrates a clear chondral defect nor does the exam note demonstrate objective findings consistent with a symptomatic chondral lesion. Therefore the determination is for non-certification and therefore is not medically necessary.