

Case Number:	CM15-0044878		
Date Assigned:	03/17/2015	Date of Injury:	09/07/2014
Decision Date:	05/27/2015	UR Denial Date:	02/25/2015
Priority:	Standard	Application Received:	03/10/2015

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: Minnesota, Florida
 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 57-year-old male with a date of injury of 9/7/2014. The injured worker was walking on uneven pavement when he felt a pop in his right knee and experienced pain. Per primary treating physician's progress report dated 9/12/2014 the injured worker was feeling much better. His knee was nontender and he had full range of motion. McMurray was negative. On 9/18/2014 he was still tender at the medial joint line of the right knee. There was full range of motion with negative McMurray. The treatment plan was Medrol Dosepak. He was advised to continue regular work. On 9/25/2014 he was referred to MRI and orthopedics. MRI of the right knee dated October 13, 2014 revealed a multidirectional tear of the anterior horn of the lateral meniscus. There was a longitudinal horizontal oblique tear of the body of the medial meniscus. Chondromalacia of the medial compartment was noted. An orthopedic consultation dated October 23, 2014 is noted. The injured worker stated that he was walking on uneven pavement when he had an awkward step and felt a pop and subsequently had pain in his right knee on September 7, 2014. He had undergone left knee surgery 20 years ago. On examination the gait was normal. There was no swelling or deformity. Motor strength was 5/5 for the quadriceps and hamstrings. There was tenderness over the posteromedial joint line with slight discomfort with McMurray's. There was no lateral joint line pain. Weight bearing x-rays of both knees showed no significant joint space narrowing. The injured worker was minimally symptomatic and was not interested in pursuing surgical intervention unless symptoms worsened. On a subsequent visit of December 4, 2014 the injured worker's stated that his knee had been a little more bothersome. Examination revealed no effusion. The plan was for

observation. On 1/15/2015 he reported increasing pain with activities, especially getting up from a squatting position and twisting. The plan was for arthroscopy and meniscectomy. A request for surgery was noncertified by utilization review as there was no documentation of physical therapy prior to the surgical request. California MTUS and ODG guidelines were cited. This is now appealed to an independent medical review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Arthroscopic meniscectomy for the right knee: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee and Let - Meniscectomy.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343, 344, 345.

Decision rationale: California MTUS guidelines indicate referral for surgical consultation 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. The documentation submitted does not indicate such an exercise program to improve the range of motion and strength. The only treatment documented was the prescription for Medrol Dosepak. Arthroscopic partial meniscectomy usually has a high success rate for cases in which there is clear evidence of a meniscus tear with symptoms such as locking, popping, giving way or recurrent effusion and not just pain. The documentation does not indicate significant mechanical symptoms. The guidelines also state that patients suspected of having meniscal tears but without progressive or severe activity limitation can be encouraged to live with the symptoms to retain the protective effect of the meniscus. In the absence of a comprehensive non-operative treatment program with physical therapy and supervised home exercises with documented failure, the guidelines do not support the request for arthroscopy with partial medial meniscectomy. As such, the medical necessity of the requested procedure of arthroscopic meniscectomy of the right knee has not been substantiated. Therefore, the requested treatment is not medically necessary.