

Case Number:	CM15-0066311		
Date Assigned:	04/14/2015	Date of Injury:	07/21/2014
Decision Date:	05/14/2015	UR Denial Date:	03/28/2015
Priority:	Standard	Application Received:	04/07/2015

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:

The injured worker is a 33-year-old male who sustained an industrial injury on 7/21/14. Injury occurred while he was moving a piano. The 5/19/14 right knee MRI impression documented anterior cruciate ligament tendinosis, and grade III horizontal tear in the posterior horn at the medial meniscus. The 9/4/14 left knee impression documented posterior horn medial meniscus myxoid change. Conservative treatment included activity modification, anti-inflammatory medications, physical therapy, chiropractic, and home exercise. The 3/25/15 treating physician report indicated that he was not able to increase weight bearing activities due to continued bilateral knee problems. He had antalgic gait due to right knee pain. Right knee exam documented no soft tissue swelling, instability, or effusion. There was medial joint line tenderness, medial pain with McMurray's testing, mild patellofemoral irritability with satisfactory patellar excursion and tracking, satisfactory quadriceps/hamstring strength, and range of motion 0-120 degrees. Left knee exam documented no soft tissue swelling, instability, or effusion. There was lateral joint line tenderness, lateral pain with McMurray's testing, mild patellofemoral irritability with satisfactory patellar excursion and tracking, satisfactory quadriceps/hamstring strength, and range of motion 0-125 degrees. The diagnosis was internal derangement right knee with medial meniscus tear and internal derangement left knee. The treatment plan requested bilateral video arthroscopy, right side first. The 3/28/15 utilization review non-certified the request for bilateral knee arthroscopy as there was no left knee MRI findings consistent with meniscus tear.

IMR ISSUES, DECISIONS AND RATIONALES

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

One (1) bilateral knee video arthroscopy: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 344-345.

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: 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 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. Guideline criteria have not been met. This patient presented with bilateral knee pain that interfered with weight bearing activity. There were no mechanical symptoms documented. There was no imaging evidence of left knee meniscal tear or correlation with exam findings. Evidence of a recent, reasonable and/or comprehensive non-operative treatment protocol trial for both knees and failure has not been submitted. Therefore, this request is not medically necessary.