

Case Number:	CM15-0066933		
Date Assigned:	04/14/2015	Date of Injury:	04/14/2011
Decision Date:	05/15/2015	UR Denial Date:	03/17/2015
Priority:	Standard	Application Received:	04/08/2015

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 52-year-old male who sustained an industrial injury on 4/14/11. Injury occurred while lifting a water heater that weighed approximately 70 pounds. Records documented findings of a 4/24/13 left knee MRI with oblique tear of the posterior horn of the medial meniscus extending to the inferior articular surface with horizontal cleavage component extending into the meniscal root within the posterior horn, and findings consistent with minimal intrasubstance lateral meniscus degeneration. The 10/30/14 treating physician report cited persistent left knee pain. Physical exam documented slight antalgic gait favoring the left lower extremity, effusion, patellofemoral joint crepitus, and medial joint line tenderness. Range of motion was 0-110 degrees, with positive McMurray test, and no gross instability. He had failed conservative treatment and authorization was requested for left knee arthroscopic surgery. The 2/12/15 treating physician report cited constant left anterior knee pain, ranging from grade 4-8/10. Symptoms were worse with bending, walking, and standing, and better with rest and pain medication. Physical exam documented left knee range of motion 10-90 degrees with 3+/5 flexion/extension strength. The diagnosis included medial meniscus tear. The treatment plan requested authorization for left knee arthroscopy. The 3/17/15 utilization review non-certified the request for left knee arthroscopy. The rationale for non-certification was based on no documentation of mechanical symptoms in addition to knee pain, functional restrictions with respect to the knee, and detailed clinical evidence of joint line tenderness and positive provocative testing.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left Knee Arthroscopy, per 02/12/2015: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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 been met. The injured worker presents with persistent pain. Clinical exam findings are consistent with reported imaging evidence of meniscal pathology. Reasonable evidence of a non-operative treatment protocol trial and failure has been noted. Therefore, this request is medically necessary at this time.