

Case Number:	CM15-0072647		
Date Assigned:	04/22/2015	Date of Injury:	08/13/2012
Decision Date:	05/20/2015	UR Denial Date:	04/07/2015
Priority:	Standard	Application Received:	04/16/2015

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

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 54-year-old male who sustained an industrial injury on 08/13/2012. Diagnoses include right knee arthritis, left knee internal derangement and lumbar radiculitis. He is status post right knee arthroscopic total medical meniscectomy and plica excision on 01/31/2014. Treatment to date has included diagnostic studies, medications, surgery and physical therapy. A physician progress note dated 03/04/2015 documents the injured worker complains of bilateral knee pain, and lumbar spine pain. He has tenderness to palpation over the paraspinal musculature. Knee flexion/extension: right 130/0, and left is 130/0. There is diminished sensation over the bilateral L5 dermatomes. There is tenderness to palpation over the medial and lateral joint line of the bilateral knees. There is a positive Apley's sign of the left knee. The physician recommended total right knee replacement 2 months ago. MRI left knee from 2/18/15 does not demonstrate an obvious meniscus tear. The treatment plan is for a lumbar Magnetic Resonance Imaging to rule out any disc herniations causing his radiculopathy, Omeprazole due to gastritis from his chronic anti-inflammatory meds, and Ultram for flare up episodes when anti-inflammatory medications are not controlling his pain. Treatment requested is for one left knee diagnostic arthroscopy with possible partial meniscectomy.

IMR ISSUES, DECISIONS AND RATIONALES

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

One left knee diagnostic arthroscopy with possible partial meniscectomy: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 344-345. Decision based on Non-MTUS Citation 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, 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 3/4/15 do not demonstrate evidence of adequate course of physical therapy or other conservative measures. In addition, there is lack of evidence in the cited records of meniscal symptoms such as locking, popping, giving way or recurrent effusion. Therefore, the treatment is not medically necessary.