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| Case Number: | CM15-0090471 | | |
| Date Assigned: | 05/14/2015 | Date of Injury: | 08/07/2010 |
| Decision Date: | 06/16/2015 | UR Denial Date: | 04/23/2015 |
| Priority: | Standard | Application Received: | 05/11/2015 |

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, Indiana, Oregon
 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 41 year old male, who sustained an industrial injury on 8/07/2010. He reported in 2006 acute knee pain and was diagnosed with a chip fracture of the patella and treated with medication and physical therapy. He proceeded to complain of persistent knee pain and in August 2010 was apparently diagnosed with chronic contusion of the patella, and subsequently diagnosed with a meniscal tear and underwent arthroscopy in 2012. He is status post right knee arthroscopy 1/16/15. Diagnoses include medial meniscal tear, patellar tendinitis, knee tendinitis/bursitis, and lumbosacral radiculopathy. Treatments to date include activity modification, medication therapy, chiropractic therapy, physical therapy, and therapeutic joint injections. Currently, he complained of left knee pain associated with catching, locking and instability. There was low back pain rated 3-4/10 VAS. On 2/25/15, the physical examination documented healed arthroscopy scars on bilateral knees. There was crepitus and positive McMurray's test and tenderness noted in the left knee. The right knee was significant for crepitus as well. The plan of care included left knee arthroscopy with partial meniscectomy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left Knee Arthroscopy with Partial Meniscectomy: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

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

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 2/25/15 do not demonstrate evidence of adequate course of physical therapy or other conservative measures. In addition there is lack of clear evidence of meniscus tear on the MRI 10/28/14. Therefore the determination is not medically necessary.