MAXIMUS Federal Services

Case Number:	CM15-0093805		
Date Assigned:	05/20/2015	Date of Injury:	02/28/2014
Decision Date:	06/19/2015	UR Denial Date:	04/22/2015
Priority:	Standard	Application Received:	05/15/2015

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 22 year old female patient who sustained an industrial injury on 02/28/2014. A primary treating office visit dated 06/27/2014 reported the patient with subjective complaint of having right knee and right ankle pain. The right knee is painful when it is bending and she has numbness and tingling sensation to the right ankle. There is also ankle swelling. She has been wearing the ankle brace and that Relafen has not offered any relief from symptom. She also reports that her employer is not taking her back with modified job duty. Objective findings showed the right ankle with both lateral and medial tenderness to palpation and positive for swelling. The range of motion to the right ankle is: dorsiflexion of zero, plantar flexion at 25 degrees, and both inversion and eversion are at 10 degrees. She is diagnosed with right ankle sprain with compensatory right knee strain. The plan of care involved: recommending physical therapy course, continue with home exercise and activities, and follow up in four weeks. A recent office visit dated 03/03/2015 reported reviewed MRI report from 11/12/2014 that revealed subcutaneous soft tissue edema anteriorly, no fracture, no contusion; ACL intact. Subjective complaint showed the patient having improved right ankle pain; which is found tolerable. She is also with ongoing right knee pain accompanied by numbness, locking and giving way in the right knee. She had completed 12 sessions of physical therapy which provided some improvement. Objective findings showed the patient right knee with both medial and lateral joint line tenderness to palpation. McMurray's test found painfully positive on the right. The following diagnoses are applied: right knee patellar mal-alignment; right ankle sprain, and compensatory right knee pain. The plan of care noted the patient requiring a knee brace, continue with home

exercises, attend additional physical therapy sessions, and possible surgical intervention if all else fails.

IMR ISSUES, DECISIONS AND RATIONALES

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

Arthroscopy with meniscectomy and lateral retinacular release (right knee): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 346-347.

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 MRI from 11/12/14 does not evidence a meniscus tear. Based on this, the request for meniscectomy is not medically necessary.