

Case Number:	CM15-0098356		
Date Assigned:	06/03/2015	Date of Injury:	05/28/2014
Decision Date:	07/02/2015	UR Denial Date:	05/11/2015
Priority:	Standard	Application Received:	05/21/2015

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 49 year old male, who sustained an industrial/work injury on 5/28/14. He reported initial complaints of right knee pain. The injured worker was diagnosed as having a tear of medial cartilage or meniscus of knee. Treatment to date has included medication, intra- articular injection in knee. MRI results were reported on 1/6/15 that revealed at the medial joint compartment intrinsic signal alternation within the mid body and posterior horn of the medial meniscus that does not extend to the articular surface and probably represents intra-meniscus degeneration or softening. The lateral joint compartment shows full width chondral defect overlying the weight bearing surface of the lateral femoral condyle measuring 5 mm without significant subchondal bony changes, compatible with osteochondral injury, no lateral meniscal tear. Currently, the injured worker complains of persistent pain in the right knee and tightness with radiating pain into the right heel, toes, and into the low back, burning sensation in heel and ankle, numbness and tingling in the right toes and cold sensation in the toes. There is continuous popping. Per the orthopedic report on 3/17/15, examination revealed tenderness along the posterior horn medial and mid-zone lateral joint lines of his right knee, range of motion from 0- 130 degrees flexion, mild positive McMurray's test at the end of terminal flexion, same circumferential measurements bilaterally. The requested treatments include Video Arthroscopy Right Knee, Arthroscopic Horn Medial Meniscectomy and Possible Lateral Meniscectomy and Intra Articular Shaving.

IMR ISSUES, DECISIONS AND RATIONALES

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

Video Arthroscopy Right Knee, Arthroscopic Horn Medial Meniscectomy and Possible Lateral Meniscectomy and Intra Articular Shaving: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee and Leg: Chondroplasty.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 344-345. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) knee.

Decision rationale: The California MTUS 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 Official Disability Guidelines, 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 1/6/15 does not demonstrate clear evidence of meniscus tear; therefore, the request is not medically necessary.