

Case Number:	CM13-0059398		
Date Assigned:	12/30/2013	Date of Injury:	03/14/2012
Decision Date:	08/07/2014	UR Denial Date:	11/25/2013
Priority:	Standard	Application Received:	12/02/2013

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. The expert reviewer is Board Certified in Orthopedic Surgery and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 42-year-old male claimant who sustained a vocational injury due to cumulative trauma working as a carpet installer on 03/14/12. The records provided for review document that the claimant underwent right knee arthroscopy in November of 2012; the intraoperative findings, specific procedure and postoperative course are not provided in these medical records. The claimant's current working diagnosis includes medial meniscus tear of the left knee, pain of the lower leg and abnormal gait. The office report dated 06/13/13 describes constant, pulsating pain, worse with walking distances or going up stairs. Norco, Hydroxyzine and a TENS machine were noted to provide relief. The report noted that the claimant had a corticosteroid injection of the left knee with three days of relief. Physical examination noted medial joint line tenderness of the left knee, and range of motion was within normal limits. Diagnostic ultrasound of the left knee was performed on 06/13/13, showed a +1 effusion in the suprapatellar notch, peripheral more than medial, and lateral menisci were accessible on ultrasound imaging, and demonstrated homogeneous echoes of normal fiber cartilage in the anterior and posterior portions. The physician documented in his office report that x-rays 03/15/13 showed mild degenerative changes of the right and left knee without significant interval change and no fracture or significant joint effusion appreciated. It was also documented in the report that the MRI dated 02/18/13 showed a chondral defect non-weight bearing surface of the medial femoral condyle posteriorly. There was an altered signal of the ACL without rupture or retraction or partial volume artifact. There was a moderate dissension of the prepatellar bursa compatible with bursitis and also a small joint effusion was noted. Conservative treatment to date includes analgesics, physical therapy, injection, bracing, chiropractic treatment, psychotropic medications, acupuncture, and a TENS unit. The current request is for a left knee arthroscopy.

IMR ISSUES, DECISIONS AND RATIONALES

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

LEFT KNEE ARTHROSCOPY: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM, Acupuncture Treatment Guidelines, Chronic Pain Treatment Guidelines.

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

Decision rationale: California MTUS ACOEM Guidelines do not support the request for left knee arthroscopy. There is also a second request submitted for a partial meniscectomy. Currently the most recent office note available for review reviewed an MRI, which did not show meniscal pathology or any significant pathology, which may be amendable to surgical intervention via arthroscopy. There is a lack of documented recent abnormal physical exam objective findings establishing the medical necessity of the requested procedure. Therefore, based on the documentation presented for review and in accordance with California MTUS ACOEM Guidelines, the request for a left knee arthroscopy cannot be considered as medically necessary.

PARTIAL MENISCECTOMY: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM, Acupuncture Treatment Guidelines, Chronic Pain Treatment Guidelines.

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

Decision rationale: The California ACOEM Guidelines do not support the request for left knee arthroscopy and partial meniscectomy. The medical records fail to include imaging reports that show meniscal pathology, which may be amendable to surgical intervention via arthroscopy of the left knee. In addition, there is a lack of documented abnormal physical exam objective findings clearly indicating that the claimant has ongoing problems with meniscal pathology. Therefore, the proposed partial meniscectomy cannot be considered as medically necessary.