

Case Number:	CM13-0002157		
Date Assigned:	06/13/2014	Date of Injury:	11/15/2012
Decision Date:	07/30/2014	UR Denial Date:	07/06/2013
Priority:	Standard	Application Received:	07/18/2013

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 Texas. 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:

The injured worker is a 35-year-old female who reported an injury on 11/15/2012 due to a fall. The injured worker reportedly sustained an injury to her left knee and right shoulder. The injured worker underwent an MRI on 03/16/2013 that documented there were no abnormalities of the left knee. The injured worker was evaluated on 06/17/2013. It was documented that the patient had persistent left knee pain that radiated into the left ankle. Physical findings included tenderness over the lateral patella facet with a lateral tilt and range of motion described as 0 to 115 degrees in flexion with a normal Q angle. The injured worker's diagnoses included chondromalacia patella and lateral compression syndrome. The injured worker's treatment plan included left knee arthroscopy, chondroplasty, and lateral release of the medial meniscus.

IMR ISSUES, DECISIONS AND RATIONALES

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

ARTHROSCOPY KNEE SURGICAL WITH MENISCECTOMY (MEDIAL OR LATERAL) INCLUDING ANY MENISCAL SHAVING INCLUDING DEBRIDEMENT/SHAVING OF ARTICULAR CARTILAGE (CHONDROPLASTY), SAME OR SEPARATE COMPARTMENT (S): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

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

Decision rationale: The ACOEM Guidelines recommend knee surgery for patients who have clear clinical findings supported by an imaging study that have failed to respond to conservative treatment that would benefit both long and short-term from surgical intervention. The clinical documentation submitted for review does indicate that the patient has persistent lower extremity pain complaints. However, the imaging study provided for review does not provide any evidence of abnormalities that would warrant surgical intervention. Additionally, although it is noted that the patient had completed a course of physical therapy, no other conservative treatment was addressed within the documentation. There is no indication that the patient has undergone corticosteroid injections or any other type of medication. As such, the request is not medically necessary and appropriate.