

Case Number:	CM13-0016848		
Date Assigned:	12/18/2013	Date of Injury:	02/07/2013
Decision Date:	02/21/2014	UR Denial Date:	08/19/2013
Priority:	Standard	Application Received:	08/26/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician 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 physician 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 patient is a 40-year-old female who reported an injury on 02/07/2013 after a trip and fall that caused injury to the right knee. The patient's treatment history included anti-inflammatory medications, and the use of a hinged knee brace. The patient underwent an MRI of the right knee that revealed there was possible evidence of a lateral meniscus tear and mild anomalies noted in the lateral facet patella. The patient's most recent clinical examination findings included complaints of catching without evidence of instability, lateral joint line tenderness, decreased range of motion, and swelling of the right knee. The patient's diagnoses included derangement of the lateral meniscus of the right knee and right knee contusion. The patient's treatment plan included surgical intervention.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right knee arthroscopy: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343-345. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), criteria for meniscectomy or meniscus repair.

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

Decision rationale: The requested right knee arthroscopy is not medically necessary or appropriate. The American College of Occupational and Environmental Medicine recommends surgical intervention for injury to a meniscus be supported by physical findings and corroborated by an imaging study and be recalcitrant to conservative treatments. The clinical documentation submitted for review does not provide evidence of significant activity limitations that would benefit from surgical intervention. Additionally, there is no documentation that the patient has failed to respond to an adequate course of conservative treatment to include injections or physical therapy. Therefore, surgical intervention would not be indicated at this time. As such, the requested right knee arthroscopy is not medically necessary or appropriate.

Partial lateral meniscectomy: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343-345. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), criteria for mensicectomy or meniscus repair.

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

Decision rationale: The requested partial lateral meniscectomy is not medically necessary or appropriate. The American College of Occupational and Environmental Medicine recommends surgical intervention for injury to a meniscus be supported by physical findings and corroborated by an imaging study and be recalcitrant to conservative treatments. The clinical documentation submitted for review does not provide evidence of significant activity limitations that would benefit from surgical intervention. Additionally, there is no documentation that the patient has failed to respond to an adequate course of conservative treatment to include injections or physical therapy. Therefore, surgical intervention would not be indicated at this time. As such, the requested partial lateral meniscectomy is not medically necessary or appropriate.

Repair or removal of damaged structures with purpose of fixing cartilage injury: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343-345. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), criteria for mensicectomy or meniscus repair.

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

Decision rationale: The requested repair or removal of damaged structures with purpose of fixing cartilage injury is not medically necessary or appropriate. The American College of Occupational and Environmental Medicine recommends surgical intervention for injury to a meniscus be supported by physical findings and corroborated by an imaging study and be recalcitrant to conservative treatments. The clinical documentation submitted for review does not provide evidence of significant activity limitations that would benefit from surgical intervention. Additionally, there is no documentation that the patient has failed to respond to an adequate course of conservative treatment to include injections or physical therapy. Therefore, surgical

intervention would not be indicated at this time. As such, the requested repair or removal of damaged structures with purpose of fixing cartilage injury is not medically necessary or appropriate.