

Case Number:	CM13-0018494		
Date Assigned:	10/11/2013	Date of Injury:	04/18/2010
Decision Date:	01/21/2014	UR Denial Date:	08/22/2013
Priority:	Standard	Application Received:	08/29/2013

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 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 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 claimant is a forty five year old female who was injured on April 18, 2010. The clinical records for review specific to the claimant's right knee include a September 23, 2013 assessment with [REDACTED] indicating follow-up of recent Magnetic Resonance Angiogram scan of the right knee demonstrating continued complaints of pain. Objective findings demonstrated ambulatory limp with tenderness anteriorly about the right knee. Radiographs reviewed on that date demonstrated no abnormality with treating physician indicating the Magnetic Resonance arthrogram performed of the right knee was "unremarkable". Conservative care is noted to have included medication management including topical compounded creams, work restrictions and activity modification. At present there is a request for a surgical arthroscopy to the claimant's knee for partial meniscectomy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Arthroscopy with partial meniscectomy on the right knee: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints
Page(s): 344-345.

Decision rationale: Based on California American College of Occupational and Environmental Medicine (ACOEM) Guidelines, surgical intervention would not be indicated. The claimant has a recent Magnetic Resonance Angiogram scan which was negative for findings. Guideline criteria in regards to meniscectomy states that there is a high success rate in cases where there is clear evidence of meniscal tearing based on physical examination and consistent with findings on Magnetic Resonance Imaging scans. Based on the claimant's negative imaging, there would be nothing to indicate the acute need of a meniscectomy at this stage in the claimant's clinical course of care greater than 3 ½ years from the date of documented injury.