

Case Number:	CM13-0027231		
Date Assigned:	11/22/2013	Date of Injury:	08/01/1993
Decision Date:	02/11/2014	UR Denial Date:	08/27/2013
Priority:	Standard	Application Received:	09/20/2013

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 Surgeon and Sports Medicine 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.

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 52-year-old male who reported an injury on 08/31/2001. The mechanism of injury was not provided for review. Prior treatments included physical therapy, injections, and medications. The patient's most recent examination findings of the right knee revealed tenderness to palpation along the medial joint line and lateral joint lines with mild crepitus and a positive McMurray's sign. The patient's diagnoses included bilateral peroneal neuropathy, and bilateral knee internal derangement, right greater than left. The patient's treatment plan included a right arthroscopic surgery and meniscal repair.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right knee arthroscopy meniscectomy: 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): 341-343.

Decision rationale: The requested right knee arthroscopy, meniscectomy is not medically necessary or appropriate. The clinical documentation submitted for review does provide evidence that the patient has medial joint line tenderness and a positive McMurray's test. California Medical Treatment Utilization Schedule recommends meniscectomy when there are documented clinical findings corroborated by an imaging study of a lesion that would benefit

from surgical intervention. Although it is noted within the documentation that the patient underwent an MRI that revealed a tear of the posterior medial meniscus and a grade II single of the lateral meniscus, this was not provided for review. As the submitted documentation does not provide an MRI to support the need for surgical intervention, the requested surgery is not indicated. As such, the requested right knee arthroscopy, meniscectomy is not medically necessary or appropriate.