

Case Number:	CM13-0028112		
Date Assigned:	11/22/2013	Date of Injury:	02/01/2013
Decision Date:	02/12/2014	UR Denial Date:	08/06/2013
Priority:	Standard	Application Received:	09/23/2013

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 62-year-old gentleman who had a work-related accident on February 1, 2013 that resulted in an injury to the right knee. An October 16, 2013 assessment with [REDACTED] stated that the claimant had continued complaints of knee pain. Objectively, there was a trace effusion with 5-120 degrees motion, positive McMurray's testing, and medial joint line tenderness to palpation. The claimant was diagnosed with a medial meniscal tear superimposed on advanced degenerative change. An April 1, 2013 MRI of the right knee showed degenerative changes tricompartmentally, most notably in the medial compartment with previous meniscectomy, and degenerative tearing of the medial meniscus. The claimant has failed conservative care.

IMR ISSUES, DECISIONS AND RATIONALES

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

arthroscopic right knee surgery and partial meniscectomy: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 343-345. Decision based on Non-MTUS Citation Official Disability Guidelines; and the Postsurgical Treatment Guidelines.

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

Decision rationale: This claimant is noted to have severe advanced degenerative changes - particularly of the medial compartment. He has a history of prior meniscectomy and degenerative tearing to the meniscus noted on imaging. Guidelines indicate that arthroscopy and meniscus surgery may not be equally beneficial to those exhibiting signs of degenerative changes. Given a lack of understanding of acute process on imaging, the role of a surgical arthroscopy in light of the claimant's advanced degenerative findings would not be indicated.

physical therapy twice a week for eight weeks: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.