

Case Number:	CM13-0028747		
Date Assigned:	11/27/2013	Date of Injury:	01/06/2009
Decision Date:	01/13/2014	UR Denial Date:	09/05/2013
Priority:	Standard	Application Received:	09/24/2013

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:

This is a 59-year-old female who sustained knee injuries after falling over boxes on 1/6/09. The records indicate that left knee arthroscopy was performed on 2/8/12. An operative report is unavailable for review. Specific to the claimant's right knee, the records fail to demonstrate formal imaging. A recent clinical assessment dated 11/26/13 with the treating physician, [REDACTED], showed continued complaints of pain about the right knee for which a right knee arthroscopy was being recommended. Physical examination findings indicated that the claimant walked with a cane but was otherwise negative for documentation of an examination. Recent treatment with regard to the claimant's right knee is not noted or supported by documentation. While formal reports are unavailable for review, previous assessment of 9/10/10 indicated that the claimant had previously undergone a right knee MRI scan that showed chondromalacia to the patella, intrasubstance degeneration of the medial meniscus, and chondral change. At present, there is a request for a right knee arthroscopy for further assessment and treatment.

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

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

Decision rationale: The California MTUS states "Arthroscopic partial meniscectomy usually has a high success rate for cases in which there is clear evidence of a meniscus tear--symptoms other than simply pain (locking, popping, giving way, recurrent effusion); clear signs of a bucket handle tear on examination (tenderness over the suspected tear but not over the entire joint line, and perhaps lack of full passive flexion); and consistent findings on MRI. However, patients suspected of having meniscal tears, but without progressive or severe activity limitation, can be encouraged to live with symptoms to retain the protective effect of the meniscus". Based on California MTUS Guidelines, surgical arthroscopy in this individual's right knee would not be indicated. Formal imaging is not available for review. Previous documentation indicates the claimant to be with an underlying degree of degenerative arthrosis. The lack of formal physical examination findings demonstrating a mechanical process and no clinical imaging supportive of current structural abnormality would fail to necessitate the role of surgical intervention in the form of knee arthroscopy at this stage in the claimant's chronic course of care greater than five years from the time of injury.