

Case Number:	CM13-0032702		
Date Assigned:	03/17/2014	Date of Injury:	10/31/2012
Decision Date:	05/22/2014	UR Denial Date:	09/10/2013
Priority:	Standard	Application Received:	10/08/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Orthopedic Surgery and is licensed to practice in Pennsylvania. 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 expert 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 51-year-old male who injured his left knee in an October 31, 2012, work-related accident. The records available for review document a February 6, 2013, MRI report that shows no evidence of left knee meniscal pathology and is noted to be essentially normal. A follow-up report dated August 26, 2013, noted continued complaints of left lower extremity pain specific to the knee. Physical examination findings noted moderate effusion, tenderness along the medial joint line and positive pain with McMurray's testing. There is no documentation of additional imaging or conservative treatment of the knee. In response to what the treating physician notes as clear evidence of meniscal tearing, this request is for surgical intervention in the form of left knee arthroscopy.

IMR ISSUES, DECISIONS AND RATIONALES

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

LEFT KNEE ARTHROSCOPY: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 344-345.

Decision rationale: MTUS/ACOEM Guideline criteria clearly indicate that imaging findings should support anatomical abnormalities prior to proceeding with operative intervention. The

lack of documentation and positive imaging findings in this case would fail to necessitate the acute need of surgical intervention. The medical records provided for review indicate that the claimant's physical examination findings and imaging results do not correlate with meniscal pathology. Additionally, the claimant's MRI for review did not demonstrate meniscal pathology on February 6, 2013. MTUS/ACOEM Guidelines recommend that imaging findings support anatomical abnormalities prior to proceeding with operative intervention. The request for knee arthroscopy is not medically necessary and appropriate.