

Case Number:	CM13-0038223		
Date Assigned:	12/18/2013	Date of Injury:	09/02/2011
Decision Date:	04/18/2014	UR Denial Date:	09/25/2013
Priority:	Standard	Application Received:	09/25/2013

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 51-year-old gentleman who sustained any injury to the right knee on 9/2/11. The clinical records provided for review included a recent 9/5/13 assessment by [REDACTED] noting that a prior MRI of the right knee in February 2012 showed evidence of tearing of the posterior horn of the medial meniscus with extension into the body, joint effusion, and progressive articular cartilage thinning in the medial tibiofemoral component and patella. Radiographs reviewed at that visit were documented to show bone-on-bone changes to the medial compartment with osteophyte formation of the right knee. Physical examination showed continued medial tenderness with restricted range of motion, positive crepitation, and swelling. The claimant was diagnosed with chronic right knee pain with meniscal tearing and degenerative changes. The recommendation was surgical arthroscopy of the knee.

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

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

Decision rationale: Based on the ACOEM Guidelines, surgical arthroscopy of the right knee would not be indicated. The employee's clinical records indicate end stage degenerative change in the medial compartment of the knee on radiological assessment. The ACOEM Guidelines recommend that arthroscopy and meniscal surgery is not beneficial in the presence of end stage degenerative setting as the outcomes following meniscectomy show significant difference in the setting of underlying degenerative change. The specific request for this surgical arthroscopy based on the employee's current degenerative findings would not be indicated.