MAXIMUS Federal Services

Case Number:	CM13-0040521		
Date Assigned:	12/20/2013	Date of Injury:	05/14/2013
Decision Date:	05/06/2014	UR Denial Date:	10/03/2013
Priority:	Standard	Application Received:	10/09/2013

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 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 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 54-year-old gentleman who sustained injuries to his bilateral knees in a work related accident on May 17, 2013. The clinical records provided for review included weight bearing radiographs that showed advanced degenerative change of the medial compartment, left greater than right. The report of an MRI of the left knee was not provided for review, but it was documented that it did not demonstrate meniscal pathology. The clinical assessment dated September 17, 2013 by [redacted], noted that a corticosteroid injection was performed. [redacted] documented that the claimant was diagnosed with advanced medial compartment osteoarthritis but that a knee replacement procedure was not yet warranted. [redacted] recommended surgical arthroscopy with potential meniscectomy. Additional clinical imaging and supportive physical examination findings were not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

A LEFT KNEE ARTHROSCOPY WITH POSSIBLE MENISCECTOMY: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343.

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

Decision rationale: Based on California ACOEM Guidelines, surgical intervention of left knee arthroscopy and possible meniscectomy would not be indicated. The claimant's current clinical picture is described as degenerative arthritis of the left knee. Based upon the records provided for review, there is no report of clinical imaging supportive of meniscal pathology. The documentation does indicate that imaging is supportive of advanced degenerative arthritis of the medial compartment of the knee. ACOEM Guideline recommends that arthroscopic intervention in the setting of advanced degenerative arthritis yields limited beneficial outcomes. Based upon the lack of imaging evidence of meniscal pathology, the proposed left knee arthroscopy and possible meniscectomy cannot be recommended as medically necessary.