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| Case Number: | CM13-0040684 | | |
| Date Assigned: | 12/20/2013 | Date of Injury: | 09/20/2011 |
| Decision Date: | 02/04/2014 | UR Denial Date: | 10/16/2013 |
| Priority: | Standard | Application Received: | 10/29/2013 |

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 Michigan, Nebraska and Texas. 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 patient is a 64-year-old male who reported an injury on 09/20/2011 after moving a rack from a truck. The patient was diagnosed with a tear of the meniscus cartilage. An MRI revealed a documented tear of the medial meniscus with a chondral flap and delamination of the deep layer of cartilage in the medial femoral condyle. The patient's most recent clinical exam findings included mild swelling of the left knee, full range of motion, positive McMurray's test, and no crepitus under the patella. The patient's diagnosis included a meniscus tear. The patient's treatment plan included surgical intervention.

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: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 341-343.

Decision rationale: The Prospective Left Knee Arthroscopy is not medically necessary or appropriate. The clinical documentation submitted for review does provide evidence that the patient has persistent pain complaints of the left knee. Official Disability Guidelines recommend

diagnostic arthroscopy when the patient has failed to respond to conservative treatments and imaging studies do not correlate with physical examination findings. The clinical documentation submitted for review did indicate that the patient underwent an MRI. However, this was not provided for review. Therefore, surgical indications cannot be determined at this time. Additionally, the clinical documentation submitted for review does not provide any evidence that the patient has exhausted all lesser conservative treatments to include physical therapy, injection therapy, and medications. As such, the requested Prospective Left Knee Arthroscopy is not medically necessary or appropriate.