

Case Number:	CM13-0041354		
Date Assigned:	12/20/2013	Date of Injury:	03/15/2013
Decision Date:	02/18/2014	UR Denial Date:	09/24/2013
Priority:	Standard	Application Received:	10/15/2013

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:

The claimant is a 34-year-old gentleman injured in a work related accident on 03/15/13. Clinical records for review included an MRI report of the right knee dated 06/06/13 that showed mild elevated signal in the anterior cruciate ligament with intact meniscus. No further findings were noted. Prior treatment for the claimant's knee has included medication management, injectual therapy and physical therapy. A 09/12/13 follow up report by [REDACTED] noted continued complaints of pain about the knee and that the claimant failed conservative care. Physical examination findings showed positive a McMurray's testing, no instability, tenderness to palpation along the medial and lateral joint line with no effusion. Surgical intervention of knee arthroscopy, debridement and meniscectomy versus repair was recommended for further treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 right knee arthroscopy with debridement, meniscectomy versus repair: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343-344.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 344-45.

Decision rationale: The Physician Reviewer's decision rationale: Based on California ACOEM Guidelines, arthroscopic meniscectomy in this case would not be indicated. While the claimant appears to be symptomatic, an MRI scan showed an intact meniscus with no documented findings of meniscal pathology noted on imaging assessment. ACOEM Guideline criteria indicates that arthroscopic meniscectomy is indicated with high success rate in cases where there is clear evidence of meniscal pathology including "consistent findings on MRI." The absence of the "consistent findings on MRI" would fail to support the surgical process in this case.