

Case Number:	CM13-0041643		
Date Assigned:	12/20/2013	Date of Injury:	07/23/2011
Decision Date:	03/12/2014	UR Denial Date:	09/24/2013
Priority:	Standard	Application Received:	10/14/2013

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 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 33-year-old male who reported an injury on 7/23/2011 due to a fall that caused him to land on his left knee. The patient was treated conservatively with physical therapy, anti-inflammatory medications and a knee brace. He ultimately underwent a meniscectomy.

IMR ISSUES, DECISIONS AND RATIONALES

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

left knee arthroscopy, partial meniscectomy, and synovectomy: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343-345.

Decision rationale: The American College of Occupational and Environmental Medicine supports surgical intervention when the documentation provides evidence of clinical findings or condition that would benefit from surgical intervention that is supported by an imaging study and has failed to respond to physical therapy. As there was no recent clinical documentation to provide any evidence the patient had a condition that would benefit from surgical intervention, the medical necessity of the request cannot be established. As such, the request is not medically necessary or appropriate.