MAXIMUS Federal Services

Case Number:	CM13-0043929		
Date Assigned:	12/27/2013	Date of Injury:	09/09/2010
Decision Date:	02/26/2014	UR Denial Date:	10/11/2013
Priority:	Standard	Application Received:	10/31/2013

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 patient is a 55-year-old female who sustained an injury to both lower extremities on 10/19/11. Specific to the claimant's right knee, there was documentation of an MRI report of 04/10/13 that showed joint effusion with an increased intensity signal to the anterior horn of the lateral meniscus consistent with intrasubstance degeneration. A tear was not excluded. Further findings were not noted. Orthopedic assessment on 07/16/13 documented the claimant with continued complaints of bilateral knee pain, with the right knee demonstrating medial joint line tenderness bilaterally, positive swelling, and an antalgic gait. Motion was from 0 to 130 degrees. The claimant was diagnosed with meniscal tearing, joint effusion, and chondromalacia. It was also noted that the claimant had failed conservative care. A 09/07/13 follow up showed the claimant's examination to be "unchanged." Right knee arthroscopy and partial medial meniscectomy was recommended.

IMR ISSUES, DECISIONS AND RATIONALES

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

The request for Right Knee Arthroscopy with Partial Meniscetomy: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

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

Decision rationale: Based on California ACOEM 2004 Guidelines, the surgical process in this case would not be indicated. The claimant's clinical presentation included a physical examination and surgical request for a medial meniscectomy and an examination noted medial knee complaints. Careful review of the claimant's prior MRI report of the right knee from 04/10/13 revealed a lateral meniscal tear and no indication of medial meniscal pathology. The medial meniscus, itself, was noted to be "unremarkable." The contradiction between the claimant's imaging findings and current clinical complaints from a medial and lateral perspective would fail to necessitate the acute need for surgical arthroscopy and meniscectomy.