

Case Number:	CM13-0048780		
Date Assigned:	12/27/2013	Date of Injury:	10/08/2011
Decision Date:	04/25/2014	UR Denial Date:	10/29/2013
Priority:	Standard	Application Received:	11/06/2013

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 Texas and Alaska. 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 patient is a 57-year-old male who reported an injury on 10/08/2011. Clinical documentation indicates there was no specific mechanism of injury, as the patient had knee pain that become painful after a day of work. The patient had knee surgery on 04/17/2012. The patient was treated with physical therapy, acupuncture, and medications. The documentation of 10/25/2011 revealed the patient had right knee pain and there was a request for surgical evaluation. The patient's diagnoses included right knee meniscal injury, right knee internal derangement, right knee ambulation dysfunction, and status post arthroscopic repair surgery of the right knee 04/2012.

IMR ISSUES, DECISIONS AND RATIONALES

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

SURGERY EVALUATION AND TREATMENT WITH SPECIALIST: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343-344, 347.

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

Decision rationale: ACOEM Guidelines indicate a surgical consultation is appropriate for patients who have activity limitation of more than 1 month, failure of an exercise program to increase range of motion and strength of musculature around the knee. Additionally, it indicates

that positive findings are necessary upon MRI for surgery. The clinical documentation submitted for review failed to indicate the patient met the above criteria. The request as submitted failed to indicate the type of specialist that was being requested. Additionally, there would need to be an evaluation before treatment could be considered. Given the above, the request for surgery evaluation and treatment with specialist is not medically necessary.