

Case Number:	CM13-0053014		
Date Assigned:	12/30/2013	Date of Injury:	01/05/2011
Decision Date:	03/18/2014	UR Denial Date:	10/23/2013
Priority:	Standard	Application Received:	11/18/2013

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, 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 51-year-old male who reported an injury on 01/05/2011. The mechanism of injury was not specifically stated. The patient is diagnosed with medial meniscal tear and pain in the joint of the lower extremity. The patient was recently seen by the provider on 12/04/2013. The patient reported recurrent effusion and medial pain in the left knee. Physical examination was not provided. Treatment recommendations included arthroscopic left knee surgery.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left knee arthroscopy PR2: 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), Knee & Leg (acute & chronic).

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

Decision rationale: The California MTUS/ACOEM Practice guidelines state that referral for surgical consultation may be indicated for patients who have activity limitation for more than 1 month, and failure of exercise programs to increase range of motion and strength of the musculature around the knee. Per documentation submitted for review, there was no physical

examination on the requesting date of 12/04/2013. The patient's latest physical examination was documented on 06/19/2013 by [REDACTED], and revealed tenderness to palpation without any evidence of effusion, patellofemoral pain, or instability. There is no documentation of an exhaustion of conservative treatment prior to the request for a surgical procedure. The medical necessity for the requested procedure has not been established. Based on the clinical information received, the request is non-certified.