

Case Number:	CM13-0053794		
Date Assigned:	12/30/2013	Date of Injury:	02/16/2009
Decision Date:	03/14/2014	UR Denial Date:	10/29/2013
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 Surgery, and is licensed to practice in Texas, Indiana, Michigan, and Nebraska. 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 48-year-old female who reported an injury on 2/16/09. The mechanism of injury was cumulative trauma. The patient was noted to have complaints of constant severe, nonradiating pain in the right knee with no improvement. The patient was noted to have tenderness to palpation with a palpable spasm. Range of motion was noted to be restricted, including flexion of 120 degrees and extension of 0 degrees. There was noted to be right medial joint line tenderness and infrapatellar tenderness. The patient's diagnosis was noted to be right knee internal derangement. The patient was noted to have to discontinue physical therapy and acupuncture due to aggravation of the pain. There was documentation indicating the patient had a tear of the meniscus per MRI.

IMR ISSUES, DECISIONS AND RATIONALES

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

right knee arthroscopy and debridement between 10/28/13 and 12/12/13: 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): 343-345.

Decision rationale: The ACOEM Guidelines indicate that a surgical consultation may be appropriate for patients who have had activity limitations for more than one month, along with failure of an exercise program to increase range of motion and strength of the musculature around the knee. Additionally, it states that an arthroscopic partial meniscectomy has a high success rate for cases in which there is clear evidence of a meniscus tear including clear signs of a bucket handle tear on examination, and consistent findings on an MRI. The clinical documentation submitted for review indicated the patient failed an exercise program since he could not continue the program due to pain. There was a lack of documentation including the patient's official MRI report and subjective complaints, as well as objective findings. Given the above, the prospective request for right knee arthroscopy and debridement is not medically necessary.