

Case Number:	CM13-0056046		
Date Assigned:	12/30/2013	Date of Injury:	11/20/2012
Decision Date:	04/11/2014	UR Denial Date:	10/22/2013
Priority:	Standard	Application Received:	11/21/2013

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 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 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 claimant is a 36 year old male who sustained an injury to the left knee in a work related accident on November 20, 2012. The clinical records for review included a report of an MRI scan performed on January 4, 2013 that was read as normal. A recent follow-up on November 13, 2013 by [REDACTED] documented continued pain in the low back as well as both knees. Specific to the left knee, documentation indicated there was tenderness, effusion and joint line pain medially. Based on failed conservative care, left knee arthroscopy, meniscectomy and debridement was recommended.

IMR ISSUES, DECISIONS AND RATIONALES

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

surgical arthroscopy for the knee with meniscectomy (medial or lateral, including any meniscal shaving) including debridement/shaving of articular cartilage (chondroplasty), same or separate compartments: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 344-345.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 344-345.

Decision rationale: Based on the CA ACOEM 2004 Guidelines, the request for left knee arthroscopy to include meniscectomy would not be supported. The clinical records provided for this review indicate the MRI scan performed in January 2013 was normal. Based on these records there is no documentation of internal derangement on imaging that would support the need for an operative process to include a meniscectomy. The ACOEM Guidelines clearly indicate that clinical imaging needs to have consistent findings on MRI to proceed with a meniscectomy procedure. Therefore, the lack of findings on imaging would fail to necessitate the need for surgical intervention at this time.