

Case Number:	CM13-0059796		
Date Assigned:	12/30/2013	Date of Injury:	05/11/2012
Decision Date:	04/21/2014	UR Denial Date:	11/13/2013
Priority:	Standard	Application Received:	12/02/2013

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:

This case involves a 60-year-old claimant, with a date of injury of May 11, 2012. He has been treated for a right knee injury and is status post right knee arthroscopy with meniscal repair in September of 2012. A second knee surgery was performed in June of 2013 for a partial medial and lateral arthroscopic meniscectomy. There is documentation that this claimant has arthritic changes to the knee and had surgery for a knee ligament injury in 1969. A repeat right knee MR arthrogram was performed on September 10, 2013 that demonstrated minimal in the way of meniscal tear, status post previous meniscectomies, and arthritic changes. Right knee pain and problems have persisted. ██████████ documented on a November 13, 2013 PR-2 report subjective complaints of right knee pain and objective findings of right knee tenderness. A repeat right knee arthroscopy was requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

RIGHT KNEE ARTHROSCOPY: 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 based on Non-MTUS Citation ACOEM Guidelines, page 127, the MTUS, American College of Occupational and Environmental Medicine (ACOEM),

Occupational Medicine Practice Guidelines, Evaluation and Management of Common Health
Final Determination Letter for IMR Case Number CM13-0059796 3 Probl

Decision rationale: The MTUS/ACOEM guidelines support arthroscopic meniscectomy when there is clear evidence of a meniscal tear with symptoms simply other than pain, such as mechanical symptoms with clear signs of a meniscal tear on examination and consistent findings on an MRI. The guidelines state that patients suspected of having meniscal tears, without progressive or severe activity limitation, can be encouraged to live with symptoms to retain the protective effect of the meniscus. Arthroscopic and meniscus surgery may not be equally beneficial for those patients exhibiting signs of degenerative changes. In this case, this is a 60-year-old claimant, with knee arthritis. He has had two (2) previous meniscectomies that have failed to provide any relief at all. Additional meniscus surgery is unlikely to be of great benefit. Additional arthroscopy would not be considered medically necessary or appropriate based on the records provided in this case and the ACOEM guidelines.