

Case Number:	CM13-0061886		
Date Assigned:	12/30/2013	Date of Injury:	05/01/2013
Decision Date:	04/03/2014	UR Denial Date:	11/14/2013
Priority:	Standard	Application Received:	12/05/2013

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 46-year-old male who reported an injury on 5/1/13. The patient was reportedly injured while stepping off of a truck. The patient is currently diagnosed with right knee medial meniscal tear with associated patellofemoral pain syndrome. The patient was seen by [REDACTED] on 11/5/13. The patient reported ongoing right knee pain with activity limitation. Physical examination revealed 0 to 130 degrees range of motion of bilateral knees, negative effusion, 2+ joint line tenderness on the right, and negative instability. It was noted that the patient underwent x-rays of the right knee on 5/7/13 which revealed unremarkable results. The patient also underwent MRI on 5/18/13 which indicated mild irregularity of the superior surface of the medial meniscus without an apparent tear.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right knee arthroscopy for medial meniscus tear: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines

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 one month and failure of exercise programs to increase range of motion and strength of the musculature around the knee. As per the documentation submitted, the patient's physical examination only revealed tenderness to palpation. There was no documentation of significant instability or a significant musculoskeletal abnormality. There is no indication of significant functional deficit. There is also no mention of an exhaustion of conservative treatment. There were no imaging studies provided for review. Based on the clinical information received, the request is non-certified.