MAXIMUS Federal Services

Case Number:	CM13-0064564		
Date Assigned:	04/30/2014	Date of Injury:	07/10/2010
Decision Date:	06/12/2014	UR Denial Date:	12/02/2013
Priority:	Standard	Application Received:	12/12/2013

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 sustained injuries including the left knee on 07/10/10. The records provided for review include an operative report dated 12/09/13 for left knee arthroscopy with partial medial meniscectomy due to a bucket handle tear of the posterior medial meniscus. Preoperatively, examination revealed a positive McMurray's test; the report of an MRI scan was consistent with retearing of the meniscus as the claimant had previously undergone a partial medial meniscectomy in March 2011. This review is for the surgical arthroscopy that was performed December 2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

ARTHROSCOPY AND PARTIAL MEDIAL MENISECTOMY OF THE LEFT KNEE: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Independent Medical Examinations and Consultations ACOEM, 2nd Edition, (2004) Chapter 7, Page 127.

Decision rationale: Based on California ACOEM Guidelines, left knee arthroscopy and partial medial meniscectomy would have been medically necessary. The claimant has imaging evidence of recurrent meniscal pathology that corresponds to positive physical examination findings. In addition, the operative report identifies a large bucket handle tear of the medial meniscus. The claimant's clinical picture supports the need for the surgical process performed in December of 2013. Therefore, the request for arthroscopy and partial medial menisectomy of the left knee is medically necessary and appropriate.