

Case Number:	CM13-0066326		
Date Assigned:	01/03/2014	Date of Injury:	06/15/2002
Decision Date:	04/30/2014	UR Denial Date:	11/11/2013
Priority:	Standard	Application Received:	12/16/2013

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 patient is a 67-year-old male with an industrial injury sustained on 6/15/02. The exam notes from 1/13/10 demonstrate that the patient was diagnosed with arthritis of both knees. Radiographs from 1/13/2010 reveals varus alignment with medial compartment arthritis. An MRI from 7/5/13 demonstrates left knee effusion and medial meniscal tear. The exam notes from 9/9/13 demonstrate that the patient ambulated with a single point cane. He has severe tenderness to palpation in the bilateral knees, limited range of motion, and myospasms in the cervical spine. The exam demonstrated no effusion and positive Apley test bilaterally. The request is for surgical arthroscopy for the knee with meniscus repair (medial and lateral).

IMR ISSUES, DECISIONS AND RATIONALES

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

LEFT 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 Official Disability Guidelines (ODG) Knee and Leg, Meniscectomy

Decision rationale: Based upon the cited guidelines above, there is evidence in the records of medial compartment arthritis from the notes on 1/13/10. This precludes the patient from meniscectomy by the ACOEM and ODG criteria. In addition there is lack of evidence of conservative care in the records to support arthroscopy. Therefore the determination is for non-certification.