

Case Number:	CM13-0069846		
Date Assigned:	01/17/2014	Date of Injury:	09/26/2013
Decision Date:	05/07/2014	UR Denial Date:	11/27/2013
Priority:	Standard	Application Received:	12/23/2013

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 claimant is a 50-year-old gentleman who injured his left knee in a work-related accident on September 26, 2013. The clinical records provided for review specific to the left knee, included a report of an October 23, 2013 MRI identifying a flap tear to the posterior horn of the medial meniscus. The flap tear was noted to be a postsurgical change in nature, with chondromalacia noted to the medial femoral condyle and lateral femoral condyle as well as the trochlear groove. The follow-up clinical assessment, dated October 25, 2013, reviewed the claimant's MRI scan and documented a physical examination showing 0 to 125 degrees range of motion, positive McMurray's testing, and no instability. Based on the MRI findings, the recommendation was made for a surgical arthroscopy. The medical records did not identify conservative care.

IMR ISSUES, DECISIONS AND RATIONALES

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

LEFT KNEE ARTHROSCOPY, PARTIAL MEDIAL MENISCECTOMY (PMM) VERSUS REPAIR AND SYNOVECTOMY: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 344-345. Decision based on Non-MTUS Citation ODG-TWC KNEE AND LEG PROCEDURE SUMMARY; LAST UPDATED 06/07/2013.

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

Decision rationale: The MTUS/ACOEM Guidelines do not recommend arthroscopy with meniscectomy versus repair. The claimant has a prior history of meniscectomy with MRI findings consistent with postsurgical changes. The claimant also has an advanced tricompartmental degenerative change on imaging assessment. The Guidelines recommend that prior to proceeding with a meniscectomy; the findings should be consistent on imaging and examination with evidence of advanced degenerative changes yielding unequal surgical benefit. Given the claimant's degenerative changes with apparent postsurgical changes to the meniscus noted on recent imaging, and in the absence of conservative measures, the request cannot be recommended as medically necessary.