

Case Number:	CM13-0070168		
Date Assigned:	01/08/2014	Date of Injury:	04/15/2013
Decision Date:	05/07/2014	UR Denial Date:	11/19/2013
Priority:	Standard	Application Received:	12/24/2013

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 Pennsylvania. 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 is a 34-year-old female who was injured on 4/15/13 sustaining an injury to the right knee. The clinical records for review in this case include a right knee MRI report dated 7/25/13 demonstrating mild medial patellar facet chondral thinning but no significant internal derangement noted otherwise. A recent clinical assessment for review dated 10/31/13 indicated continued complaints of pain about the right knee with a failure conservative care including corticosteroid injections, therapy, and chiropractic treatment. Physical examination findings at that date demonstrated positive McMurray's testing laterally with no pain with patellofemoral compression, negative effusion, and no instability. The claimant was diagnosed with a "probable lateral meniscal occult tear." A right knee arthroscopy with lateral meniscal repair was recommended at that time.

IMR ISSUES, DECISIONS AND RATIONALES

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

RIGHT KNEE ARTHROSCOPY WITH LATERAL MEDIAL MENISCUS REPAIR (OUTPATIENT: Overturned)

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 344. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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

Decision rationale: The Expert Reviewer's decision rationale: Based on California ACOEM Guidelines the surgical request for knee arthroscopy and lateral meniscal repair would be indicated. Although clinical imaging fails to demonstrate acute meniscal pathology the patient has had consistent lateral complaints and a positive McMurray's sign along with a failure of conservative care that would support the role of diagnostic arthroscopy for evaluation and repair of potential lateral meniscal tear. Thus, the records would support the request for arthroscopy and lateral meniscal repair in this setting.