

Case Number:	CM14-0002022		
Date Assigned:	01/24/2014	Date of Injury:	08/02/2011
Decision Date:	06/19/2014	UR Denial Date:	12/31/2013
Priority:	Standard	Application Received:	01/07/2014

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 Sports Medicine 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 injured worker is a 55-year-old male who reported an injury on 08/02/2011 due to a fall. The injured worker reportedly sustained an injury to the bilateral knees. The injured worker underwent total knee replacement in 2012. The injured worker was evaluated on 12/06/2013. Physical findings of the right knee included tenderness to palpation along the medial joint line with range of motion described as 0 to 120 degrees with a mildly positive McMurray's sign. The injured worker underwent an MRI of the right knee on 01/26/2013 that documented there was no evidence of a medial lateral meniscus tear. The injured worker's diagnoses included knee pain, chondrocalcinosis, chondromalacia of the knee, and internal derangement of the knee, lateral meniscus tear, osteoarthritis of the knee, medial meniscus tear, patella malalignment, and postoperative total knee replacement. The injured worker's treatment plan included right knee arthroscopic repair of internal derangement and lateral retinacular release.

IMR ISSUES, DECISIONS AND RATIONALES

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

RIGHT KNEE ARTHROSCOPIC REPAIR INTERNAL DERANGEMENT LATERAL RETINACULAR RELEASE: 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): 343-345.

Decision rationale: The requested right knee arthroscopic repair internal derangement lateral retinacular release is not medically necessary or appropriate. American College of Occupational and Environmental Medicine recommends surgical intervention to the knee be supported by documentation of clinical exam findings supported by an imaging study of injuries that would benefit from surgical intervention. It is also recommended that surgical intervention only be applied to injured workers who have significant functional deficits related to the injury. The clinical documentation submitted for review does indicate that the injured worker has a mildly positive McMurray's sign and limited range of motion from 0 to 120 in flexion. Medical documentation does not specifically identify conservative treatments directed towards the right knee. Therefore, it is unclear if surgical intervention would benefit this patient. Additionally, the submitted MRI does not clearly establish internal derangement of the knee. As such, the requested right knee arthroscopic repair internal derangement lateral retinacular release is not medically necessary or appropriate.