

Case Number:	CM14-0003117		
Date Assigned:	01/31/2014	Date of Injury:	01/19/2013
Decision Date:	06/19/2014	UR Denial Date:	12/10/2013
Priority:	Standard	Application Received:	01/08/2014

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, has a subspecialty in 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 37-year-old female who reported injury on January 29, 2013. The mechanism of injury was a motor vehicle accident. The documentation of March 13, 2013 revealed an MRI of the right knee without contrast. The findings included a small moderate suprapatellar and parapatellar effusion. The MRI revealed a moderate to high grade partial tear of the cruciate ligament fibers. In the documentation of November 27, 2013 the injured worker complained of soft tissue swelling and limited motion. The physical examination revealed tenderness of the medial joint line and tenderness of the medial collateral ligament with limited flexion and extension. The injured worker had ligamentous instability medially with valgus stress. The injured worker had a positive McMurray's test and strength was within normal limits. The diagnoses included tear of medial cartilage or meniscus of knee, pain in joint lower leg, and sprains and strains of the knee and leg. The treatment plan included a right knee arthroscopy with partial medial meniscectomy and chondroplasty.

IMR ISSUES, DECISIONS AND RATIONALES

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

KNEE ARTHROSCOPY SURGERY: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee & Leg

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints
Page(s): 343-345.

Decision rationale: The ACOEM Guidelines indicate that a surgical consultation may be appropriate for patients who have activity limitation for more than 1 and the failure of exercise programs to increase range of motion and strength of the musculature around the knee. They indicate that arthroscopic partial medial meniscectomy is appropriate for patients who have clear evidence of a meniscus tear including symptoms other than simply pain, (locking, popping, giving away, and recurrent effusion), clear signs of a bucket handle tear upon examination and consistent findings on an MRI. The clinical documentation submitted for review indicated the injured worker had findings upon MRI. The injured worker had clear signs of bucket handle tear on examination. This request would be supported. However, the request as submitted was for a knee arthroscopy, surgery, without indication of the specific procedure being requested. Given the above, the request for the arthroscopy surgery is not medically necessary.