

Case Number:	CM14-0003533		
Date Assigned:	01/31/2014	Date of Injury:	05/12/2013
Decision Date:	09/29/2014	UR Denial Date:	12/26/2013
Priority:	Standard	Application Received:	01/09/2014

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 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 records presented for review note that this 54 year old gentleman sustained an injury on May 12, 2013. The diagnosis list is a tear of the medial meniscus of the right knee. An orthopedic consultation completed on August 20, 2013 noted some right knee pain. The physical examination noted a well healed surgical scar over the mid patella, healed surgical portals about the knee and tenderness along the medial joint line. The MR arthrogram noted a tear of the medial menisci. The clinical impression was a re-tear of the medial meniscus. The past surgical history significant for a right knee arthroscopy dating back to 2011 and a partial colectomy in 1997. A linear contrast in the body of the medial meniscus was noted on MRI. A comprehensive orthopedic consultation was completed on December 8, 2013 and the history and treatment to date is noted. The physical examination noted a 6 foot, 190 pound individual in no acute distress. The repeat tear of the medial meniscus noted with the July, 2013 MRI is reiterated. An additional arthroscopic intervention is suggested.

IMR ISSUES, DECISIONS AND RATIONALES

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

ARTHROSCOPY RIGHT KNEE WITH PARTIAL MEDIAL MENISCECTOMY:

Overtured

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004); ACOEM 2004 OMPG Knee ch 13. 343-4.

Decision rationale: There is a history of a specific injury, multiple clinical evaluations, and an MRI report demonstrating a meniscal lesion. Therefore, the clinical information presented for review, tempered by the guidelines noted, there is a clinical indication for a knee arthroscopy.