MAXIMUS Federal Services

Case Number:	CM14-0009155		
Date Assigned:	02/14/2014	Date of Injury:	08/23/2012
Decision Date:	06/24/2014	UR Denial Date:	12/23/2013
Priority:	Standard	Application Received:	01/23/2014

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 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:

The claimant sustained an injury to the bilateral knees on August 23, 2012. The clinical records provided for review include an August 22, 2013 contain an operative report identifying that the claimant underwent a left knee arthroscopy, excision of synovial plica, chondroplasty with partial medial and lateral meniscectomies. The report of an MRI of the right knee dated December 2, 2013 showed chondromalacia to the patella with no evidence of medial or lateral meniscal tearing, a small joint effusion and no other findings. The follow up report of the December 10, 2013 office visit noted ongoing complaints of pain in the right knee and that conservative care including medication management, work and activity modifications and physical therapy provided no benefit. Physical examination findings showed no effusion, negative apprehension test and a "tender plica" with palpation. Based on continued symptoms, the recommendation was made for right knee arthroscopy with plica excision, 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:

RIGHT KNEE ARTHROSCOPY EXC PLICA PARTIAL MENISCECTOMY, CHONDROLASTY, SYNOVECTOMY: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343-345. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee Chapter.

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

Decision rationale: Based on California ACOEM Guidelines, a knee arthroscopy with plica excision, partial medial meniscectomy, chondroplasty, and synovectomy would not be indicated. ACOEM Guidelines recommend the need for clear correlation between physical examination findings and imaging to support the need of operative procedure. In this case, the claimant's imaging is equivocal with no evidence of meniscal pathology or internal derangement to support the role of a surgical process. Therefore, the request for right knee arthroscopy exc plica partial meniscectomy, chrondrolasty, synovectomy is not medically necessary and appropriate.