

Case Number:	CM14-0107076		
Date Assigned:	07/30/2014	Date of Injury:	08/09/2013
Decision Date:	09/16/2014	UR Denial Date:	06/25/2014
Priority:	Standard	Application Received:	07/10/2014

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 patient is a 66-year-old female with reported industrial injury of August 19, 2013. The claimant was diagnosed with a right knee medial meniscus tear as well as chondromalacia of the patella. MRI of the right knee from December 23, 2013 demonstrates high grade partial-thickness tear in the central region of the posterior horn of the medial meniscus. Exam note from May 19, 2014 demonstrates right knee pain medial to the joint line. The patient is noted to have a positive McMurray sign and a positive Slocum sign. Range of motion is noted to be 0-130. Surgery is denied by utilization review as reported on June 12, 2014 for knee arthroscopy. Appeal letter from June 18, 2014 reports the claimant has pain, swelling, catching and locking.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Knee Arthroscopy, Partial Medial and Lateral Meniscectomy, and Chondroplasty Debridement: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines - Criteria for Chondroplasty.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain.

Decision rationale: The Expert Reviewer based his/her decision on the MTUS American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 13, Knee complaints, pages 344-345 and on the Non-MTUS Official Disability Guidelines (ODG) Knee and Leg section, Meniscectomy.

Preoperative Medical Clearance: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.

12 Postoperative Physical Therapy sessions: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.