

Case Number:	CM14-0010497		
Date Assigned:	02/21/2014	Date of Injury:	03/13/2011
Decision Date:	09/08/2014	UR Denial Date:	01/14/2014
Priority:	Standard	Application Received:	01/27/2014

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 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 claimant is a 53-year-old female who injured the right knee in a work related accident on 03/13/11. Records provided for review document that the claimant is status post arthroscopy with debridement and partial medial meniscectomy on 02/14/12. The report of a postoperative MRI scan dated 07/12/12 demonstrated a thickened plica with no residual meniscal tearing, but changes consistent with prior medial meniscectomy. The report of a follow up visit dated 01/08/14 noted that the claimant's symptoms were unchanged with continued right knee complaints. Working assessment was recurrent meniscal pathology. There was no documentation of any physical examination findings or any recent conservative treatment. Based on the claimant's ongoing complaints, the recommendation was made for repeat knee arthroscopy.

IMR ISSUES, DECISIONS AND RATIONALES

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

RIGHT KNEE ARTHROSCOPY: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 344.

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

Decision rationale: Based on California MTUS ACOEM Guidelines, the request for right knee arthroscopy would not be indicated. The MRI findings are from 2012 and are consistent with a prior meniscectomy. There is no documentation of recent imaging or documentation of conservative measures that have been utilized in the past two years. ACOEM Guidelines recommend surgery in situations where there is clear evidence of findings on examination that correlate with findings on MRI. Without the clinical correlation of an MRI scan or examination findings, the acute need of a knee arthroscopy would not be supported. Therefore, the request is not medically necessary.

POST OP PT 2X6: Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.