MAXIMUS Federal Services

Case Number:	CM14-0012142		
Date Assigned:	02/21/2014	Date of Injury:	02/28/2013
Decision Date:	06/26/2014	UR Denial Date:	01/09/2014
Priority:	Standard	Application Received:	01/30/2014

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:

[redacted] is a 34-year-old gentleman who injured his left knee in a work related accident on 12/28/13. The medical records provided for review include a progress report of 12/09/13 that documents the claimant had continued low back and left knee complaints. Examination of the left knee showed 0 to 120 degrees range of motion, positive McMurray's testing, 5-/5 strength, and no instability. An MRI report reviewed from 07/16/13 showed a signal change to the posterior horn of the medial meniscus, a Medial Collateral Ligament strain, and a bone island in and along the lateral tibial plateau. Documentation of conservative care specific to the claimant's left knee was not identified. The report of plain film radiographs revealed underlying degenerative arthritis. Based on failed conservative care, the recommendation for a knee arthroscopy with partial medial meniscectomy and preoperative medical clearance was made.

IMR ISSUES, DECISIONS AND RATIONALES

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

ARTHROSCOPY MEDIAL MENISCECTOMY LEFT KNEE: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: ACOEM, 2ND EDITION, CHAPTER 13, KNEE COMPLAINTS

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 344-45.

Decision rationale: Based on California ACOEM Guidelines, left knee arthroscopy with medial meniscectomy is not recommended as medically necessary. The records for review fail to identify the specific conservative care provided for the claimant's left knee. The imaging report of the knee identifies advanced degenerative arthritis and a signal change to the medial meniscus but no definitive tearing. California ACOEM Guidelines indicate that less than optimal results are obtained for individual undergoing arthroscopic procedures with underlying degenerative arthritis. The specific surgical request in absence of recent conservative treatment with imaging failing to demonstrate a clinical picture consistent with meniscal tearing would not be supported. The request for Arthroscopy Medial Meniscectomy Left Knee is not medically necessary.