MAXIMUS Federal Services

Case Number:	CM14-0012244		
Date Assigned:	02/21/2014	Date of Injury:	09/10/2012
Decision Date:	07/07/2014	UR Denial Date:	12/27/2013
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:

The injured worker is a 43-year-old male who reported an injury on 09/10/2012. The mechanism of injury was not provided for review. The patient underwent an MRI of the right knee on 10/16/2012. It was documented that the patient had degenerative changes to the meniscus of the right knee and evidence of a possible anterior cruciate ligament tear. The injured worker's treatment history included a knee brace. The injured worker was evaluated on 10/15/2013. It was documented that the patient had complaints of burning and painfulness of the right knee with mechanical complaints. Physical findings included full extension of the right knee; however, painful range of motion past 100 degrees of flexion. It was documented that the patient had trace positive Lachman's test and trace positive anterior drawer test of the right knee, lateral and medial joint line tenderness. It was documented within this clinical note that there was an MR arthrogram on 06/06/2013 that noted changes to the posterior horn of the medial meniscus. The request was made for right knee arthroscopy with partial medial meniscectomy.

IMR ISSUES, DECISIONS AND RATIONALES

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

ONE RIGHT KNEE ARTHROSCOPY WITH PARTIAL MEDIAL MENISCECTOMY: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 344-345.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343-345.

Decision rationale: The requested right knee arthroscopy with partial medial meniscectomy is not medically necessary or appropriate. The clinical documentation submitted for review did provide an MRI dated 10/04/2012 that indicated the patient had degenerative changes of the meniscus. The American College of Occupational and Environmental Medicine does not recommend arthroscopic surgery for injured workers who are exhibiting signs of degenerative changes. The clinical documentation submitted for review does provide physical findings of mechanical symptoms. However, as the clinical documentation supports degenerative changes surgical intervention would not be supported at this time. Additionally, the clinical documentation fails to identify any conservative treatments other than bracing related to this injury. There is no documentation of corticosteroid injections or physical rehabilitation. The American College of Occupational and Environmental Medicine supports conservative therapy prior to surgical intervention. As such, the requested right knee arthroscopy with partial medial meniscectomy is not medically necessary or appropriate.