

Case Number:	CM14-0152159		
Date Assigned:	09/22/2014	Date of Injury:	05/13/2011
Decision Date:	10/21/2014	UR Denial Date:	08/20/2014
Priority:	Standard	Application Received:	09/18/2014

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:

This is a 62-year-old gentleman who was injured in a work-related accident on 5/13/11. The medical records provided for review specific to the claimant's left knee included an MRI report from dated October 2011 showing posterior horn medial meniscal findings. The report of clinical evaluation on 07/11/14 described continued neck, low back, bilateral knee, and shoulder complaints. Specific to the claimant's left knee, there was noted to be zero to 130 degrees range of motion, effusion, medial joint line tenderness, and positive McMurray's testing. At that time, based on failed conservative care including a corticosteroid injection and activity restrictions, the treating physician recommended left knee arthroscopy and medial meniscectomy. The medical records did not include any further imaging reports for the left knee other than the October 2011, MRI report.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient, Left Knee arthroscopy with Partial Medial Meniscectomy: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM 2004 Occupational Medical Practice Guidelines Knee chapter 13: pages 344-45 regarding: Arthroscopic partial meniscectomy

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

Decision rationale: Based on California ACOEM Guidelines, the request for left knee arthroscopy with partial medial meniscectomy is not recommended as medically necessary. The surgical recommendation in this case is based on the claimant's MRI scan of the knee that is greater than three years old. The claimant has current complaints of bilateral knee pain with no acute clinical findings. Without recent imaging in the form of plain film radiographs or updated MRI scan, the request for surgery for a meniscal tear from imaging in 2011 would not be supported. ACOEM Guidelines with regard to operative arthroscopy indicate that consistent findings on MRI scan and examination should be present before proceeding with operative procedure. Given the claimant's time frame from injury, his clinical course does not appear to present as an acute meniscal tear. As stated, without documentation of recent imaging in the form of plain film radiographs to appropriately assess the claimant's joint space and possibly updated MRI scan, the role of the operative procedure would not be indicated. Therefore, this request is not medically necessary.