

Case Number:	CM14-0160647		
Date Assigned:	10/06/2014	Date of Injury:	05/05/2013
Decision Date:	11/10/2014	UR Denial Date:	09/15/2014
Priority:	Standard	Application Received:	09/30/2014

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 claimant is a 24-year old female who sustained a twisting injury with pop in her right knee on 05/05/13. The medical records provided for review included the report of an MRI of the right knee 04/02/14 that documented a bucket-handle tear of the posterior horn of the medial meniscus. The follow-up report of 04/15/14 described continued complaints of knee pain despite conservative care. Physical examination revealed limited range of motion, medial and lateral tenderness, and a positive McMurray's maneuver reproducing typical pain complaints. Based on conservative care and the claimant's imaging, the recommendation was for surgical arthroscopy with medial meniscectomy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right knee surgery for medial meniscus tear: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343-345. Decision based on Non-MTUS Citation ODG indications for Surgery-Meniscectomy

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

Decision rationale: Based on the California ACOEM Guidelines, the proposed right knee arthroscopy and medial meniscectomy would be indicated. The medical records identify that the claimant has imaging evidence of a bucket-handle tear of the meniscus and physical examination revealed limited range of motion and positive mechanical findings. The medical records also document that the claimant has failed conservative care. Therefore, the request for Right Knee Arthroscopy To Address The Medial Meniscal Tear is recommended as medically necessary.