

Case Number:	CM14-0160751		
Date Assigned:	10/06/2014	Date of Injury:	05/01/2010
Decision Date:	11/19/2014	UR Denial Date:	09/09/2014
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 New York. 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 patient has a date of injury of may 1, 2010. The patient continues to have chronic knee pain. The patient is a 12 physical therapy treatments. He reports 50% improvement with each treatment. On physical examination he has reduced range of motion of the knee. Motor strength is reduced around the left knee. The patient had his first knee arthroscopy in July and the second in December of 2010. He continues to have chronic knee pain. Magnetic resonance imaging (MRI) of the left knee from 2011 shows postsurgical changes to the medial meniscus with mediolateral meniscal tears. These are diagnosis chronic tears. The patient has had 2 previous left knee arthroscopies. At issue is whether additional arthroscopy is medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left Knee Arthroscopy: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: MTUS knee pain chapter

Decision rationale: The patient does not meet established criteria for another left knee arthroscopy surgery. Specifically the medical records do not document sustained improvement after the previous 2 arthroscopies. The patient had multiple attempts at physical therapy and continues to have chronic pain. Magnetic resonance imaging (MRI) documents degenerative changes in the knee without frank new tears of the menisci. There is no documented significant change in symptoms since the previous 2 arthroscopies. Additional arthroscopic surgery is not medically necessary and not likely to improve this patient's chronic left knee condition.