

Case Number:	CM14-0163461		
Date Assigned:	10/08/2014	Date of Injury:	04/12/2013
Decision Date:	10/31/2014	UR Denial Date:	09/17/2014
Priority:	Standard	Application Received:	10/03/2014

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 injured worker sustained a work-related injury in April 2013. He twisted his knee and felt a pop. He's been treated with conservative modalities including physical therapy and anti-inflammatory medications along with activity modification. MRI the right knee shows a tear of the medial hemi-joint with small swelling. The MRI demonstrates posterior horn medial meniscus tear. Physical examination shows pinpoint tenderness in the knee especially when he pivots he tries to move the knee joint. At issue is whether diagnostic right knee arthroscopy with repeat evaluation of the right knee joint is medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Knee Diagnostic Arthroscopy with Repeat Evaluation of R Knee Joint: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 345. Decision based on Non-MTUS Citation Official Disability Guidelines: Indications for Surgery--Diagnostic arthroscopy; Menisectomy

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation knee pain chapter, ODG knee pain chapter

Decision rationale: This injured worker does not meet established criteria for diagnostic knee arthroscopy. Specifically, the MRI clearly shows that the injured worker has medial meniscal

pathology. The MRI clearly defines the extent of the medial meniscus pathology. Since the diagnosis is early, defined on MRI, then diagnostic arthroscopy not medically necessary. Also, the physical examination does not document specific loss of motion and positive McMurray test that correlates with meniscal tear. The medical records do not clearly documents a recent adequate and sustained trial of physical therapy for right knee pain. Physical therapy should be directed at knee strengthening exercises. The request for Diagnostic Arthroscopy is not medically necessary. Since the surgery is not medically necessary, the request for Follow up evaluation is not medically necessary as well.