

Case Number:	CM14-0022442		
Date Assigned:	05/09/2014	Date of Injury:	03/06/2012
Decision Date:	07/10/2014	UR Denial Date:	01/31/2014
Priority:	Standard	Application Received:	02/21/2014

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:

Claimant with industrial injury 3/6/12. Operative report from 4/4/13 demonstrates left knee partial medial meniscectomy, synovectomy and plica excision and loose body removal. Follow up note demonstrates worsening left knee pain. Report of significant medial joint line tenderness. MRI left knee 12/30/13 demonstrates tricompartmental osteoarthritis most extensive in medial compartment.

IMR ISSUES, DECISIONS AND RATIONALES

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

LEFT KNEE ARTHROSCOPY, PARTIAL LATERAL MENISCECTOMY, REPAIR CHONDRAL DEBRIDEMENT: Upheld

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

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

Decision rationale: CAMTUS/ACOEM Chapter 13 Knee Complaints, pages 344-345, states regarding meniscus tears, "Arthroscopic partial meniscectomy usually has a high success rate for cases in which there is clear evidence of a meniscus tear--symptoms other than simply pain (locking, popping, giving way, recurrent effusion); clear signs of a buckethandle tear on

examination (tenderness over the suspected tear but not over the entire joint line, and perhaps lack of full passive flexion); and consistent findings on MRI." The MRI from 12/30/13 demonstrates tricompartmental osteoarthritis without evidence of meniscus tear. Arthroscopic surgery for tricompartmental osteoarthritis is not supported by the ACOEM guidelines and is therefore not medically necessary.