

Case Number:	CM14-0024602		
Date Assigned:	06/11/2014	Date of Injury:	02/27/2013
Decision Date:	08/12/2014	UR Denial Date:	02/19/2014
Priority:	Standard	Application Received:	02/26/2014

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 Texas. 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 is a 25-year-old male who reported an injury on 02/27/2013. The mechanism of injury was not provided for review. The injured worker's treatment history included physical therapy and medications. The injured worker was evaluated on 02/03/2014. It was documented that the injured worker had continued pain complaints. Objective findings included left knee range of motion described as 0 to 130 degrees in flexion with medial joint line tenderness and a positive McMurray's test. The injured worker's diagnoses included left knee pain and a possible meniscus tear. The injured worker's treatment history included surgical intervention.

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: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM GUIDELINES, KNEE COMPLAINTS, 1021-1022 and ODG-Knee & Leg.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343-345.

Decision rationale: The requested left knee arthroscopy is not medically necessary or appropriate. California Medical Treatment Utilization Schedule recommends surgical

interventions for knee injuries be supported by documented functional deficits supported by pathology identified on an imaging study that has failed to respond to conservative treatment. The clinical documentation does indicate that injured worker has physical findings consistent with a meniscal injury that has failed to respond to conservative treatment. However, the clinical documentation submitted for review did not contain an MRI to support the need for surgical intervention. Furthermore, the request as it is submitted does not specifically identify the type of surgical intervention being requested. Therefore, the appropriateness of the request itself cannot be determined. As such, the requested left knee arthroscopy is not medically necessary or appropriate.