

Case Number:	CM14-0027047		
Date Assigned:	06/13/2014	Date of Injury:	05/03/2012
Decision Date:	08/13/2014	UR Denial Date:	01/30/2014
Priority:	Standard	Application Received:	03/03/2014

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 Surgeon and Hand Surgeon 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 28-year-old female who reported an injury on 05/03/2012. The mechanism of injury was the injured worker was climbing a ladder. The injured worker had a prior surgical intervention on 10/03/2012 where almost the entire posterior half of the medial meniscus was removed by the surgeon and the injured worker additionally had a chondroplasty. The injured worker underwent an MRI of the right knee on 10/17/2013 which revealed a tear of the body and posterior horn of the medial meniscus which appeared diminutive. There was mild narrowing of the medial compartment. The documentation of 01/08/2014 revealed the injured worker had complaints of the knee locking. The physical examination revealed the injured worker had positive out tracking and quadriceps atrophy. The injured worker had positive medial and lateral joint line, as well as patellofemoral facet tenderness. The injured worker had a positive McMurray's test and had flexion of 30 degrees. The diagnoses included right knee medial meniscus tear, contracture right knee, right knee patellar tilting, painful scar right knee, right knee status post arthroscopy with partial medial meniscectomy, and right knee status post medial meniscus tear. The treatment plan included the injured worker had inability to perform activities of daily living and had an MRI with positive findings. As such, the injured worker was in need of an arthroscopy with partial meniscectomy versus meniscal repair.

IMR ISSUES, DECISIONS AND RATIONALES

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

KNEE ARTHROSCOPY: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg Chapter, Diagnostic Arthroscopy.

Decision rationale: The California MTUS ACOEM Guidelines do not address diagnostic arthroscopy. The request as submitted failed to indicate the specific type of procedure being requested. As such, secondary guidelines were sought. The ODG indicate that diagnostic arthroscopy is appropriate when imaging is inconclusive. The clinical documentation submitted for review indicated the injured worker had positive findings upon MRI review. Additionally, the request as submitted failed to indicate the laterality for the requested surgery. Given the above, the request for knee arthroscopy is not medically necessary.