MAXIMUS Federal Services

Case Number:	CM14-0028475		
Date Assigned:	06/18/2014	Date of Injury:	12/05/2012
Decision Date:	07/29/2014	UR Denial Date:	02/19/2014
Priority:	Standard	Application Received:	03/06/2014

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 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 43-year-old male who reported an injury on 12/05/2012 after a twisting motion caused a stumble over a tub. The injured worker reportedly sustained an injury to his left knee. The injured worker was conservatively treated with physical therapy, medications, and modified work duty. The injured worker ultimately underwent partial medial meniscectomy and left knee autograft bone tendon bone anterior cruciate reconstruction on 08/14/2013. The injured worker underwent an MRI of the left knee on 01/30/2014. It was documented that there were postsurgical changes of the medial meniscus and evidence of prior ACL(Anterior Cruciate Ligament) repair with patellar tendon graft. It was noted that there was partial peripheral subluxation at the anterior horn without definite tear and trace joint effusion with mild degenerative changes. The injured worker was evaluated on 02/07/2014. It was documented that the patient had persistent left knee pain. According to the physical findings, there is no evidence of instability and a negative McMurray's test. A request was made for left knee arthroscopy with medial and lateral meniscectomy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left Knee Arthroscopy with Medial and Lateral Meniscectomy (Knee Arthroscopy/Surgery): Upheld

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

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

Decision rationale: Per MTUS, ACOEM Guidelines recommend surgical intervention for patients who have physical findings consistent with meniscal injury supported by an imaging study that have failed to respond to conservative treatment. The clinical documentation submitted for review does indicate that the patient has persistent pain complaints. However, there is no evidence of instability; there is a negative McMurray's test, and no documentation of medial or lateral joint line tenderness. It is noted within the chart note that the MRI concluded that there was a tear of the medial meniscus. However, an independent evaluation of the MRI does not clearly identify a tear. As such, the requested Left Knee Arthroscopy with Medial and Lateral Meniscectomy (Knee Arthroscopy/Surgery) is not medically necessary.