

Case Number:	CM14-0035152		
Date Assigned:	06/23/2014	Date of Injury:	11/19/2012
Decision Date:	07/25/2014	UR Denial Date:	03/05/2014
Priority:	Standard	Application Received:	03/21/2014

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 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 65-year-old male who reported an injury on 11/19/2012 after lifting a box and slipping off the deck of a trailer. The injured worker reportedly sustained an injury to his left knee. The injured worker underwent an MRI (magnetic resonance imaging) on 02/22/2014 that indicated there was a complex tear of the medial meniscus, mild effusion, a small Baker's cyst, and patella chondromalacia. The injured worker underwent surgical intervention on 10/02/2013. This included right knee arthroscopic medial and lateral meniscectomy with chondroplasty of medial femoral condyle. It was noted that the patient developed a left knee compensatory injury. The injured worker was evaluated on 02/27/2014. It was documented that the patient had been treated conservatively for the right knee with 80% improvement. Physical findings included tenderness and pain along the medial joint line of the left knee. A request was made for arthroscopy with meniscectomy and synovectomy on 03/03/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Arthroscopy left knee with Meniscectomy/Synovectomy: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee Chapters.

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

Decision rationale: The requested arthroscopy of the left knee with meniscectomy/synovectomy is not medically necessary or appropriate. The ACOEM guidelines recommend meniscectomy when there are mechanical symptoms recalcitrant to conservative treatments that are supported by an imaging study. The clinical documentation submitted for review does indicate that the patient has an imaging study that supports there is injury to the meniscus. However, the patient's most recent clinical evaluation does not provide any evidence of mechanical symptoms. Additionally, there is no documentation that conservative treatment directed towards the left knee has been provided. As such, the request for arthroscopy of the left knee with meniscectomy/synovectomy is not medically necessary or appropriate.