

Case Number:	CM14-0067685		
Date Assigned:	07/11/2014	Date of Injury:	01/31/2014
Decision Date:	08/14/2014	UR Denial Date:	04/29/2014
Priority:	Standard	Application Received:	05/12/2014

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:

57 year old female claimant with reported industrial injury 1/31/14. Claimant is reported to have a left knee sprain per exam note on 2/15/14. Left knee MRI was performed on 2/22/14 and demonstrated tear of posterior horn of the medial meniscus, sprain of ACL without tear and mild cartilage irregularity within the medial patellar facet and joint effusion. Exam note from 4/7/14 demonstrates patient with complaint of painful gait. McMurray's is noted to cause pain. No documentation in the records of attempted physical therapy.

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: Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee and Leg Chapter.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 344-345. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg arthroscopy, Meniscectomy.

Decision rationale: 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). According to Official Disability Guidelines Knee and Leg Arthroscopy, Meniscectomy section, states indications of Arthroscopy and Meniscectomy include attempt at Physical Therapy and subjective clinical findings which correlate with objective examination and MRI. In this case the exam notes from 4/7/14 do not demonstrate evidence of adequate course of physical therapy or other conservative measures. Therefore the determination is not medically necessary.

Left knee meniscectomy: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee and leg chapter.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Left knee debridement: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee and Leg Chapter.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.