

Case Number:	CM14-0078008		
Date Assigned:	07/18/2014	Date of Injury:	07/11/2008
Decision Date:	08/25/2014	UR Denial Date:	05/10/2014
Priority:	Standard	Application Received:	05/28/2014

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 Pennsylvania. 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:

This is a 33-year-old gentleman who injured his right knee on 4/29/13. The records provided for review include a report from the office visit on 4/10/14 noting continued complaints of pain in the right knee worse with physical activities such as standing and walking. Physical examination findings showed an antalgic gait with tenderness noted diffusely. There was +2 tenderness over the lateral joint line. There was restricted range of motion from 0-100 degrees. There was a stable ligamentous examination and positive lateral McMurray's testing. Plain film radiographs of the right knee did not identify any acute clinical findings. The report of an MRI of the right knee dated 4/26/14 showed joint effusion, chondral change to the patella, posterior horn tear to the medial meniscus, as well as significant linear signal change to the posterior and anterior horn of the lateral meniscus. Based on failed conservative care, knee arthroscopy with meniscal procedure was recommended.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right knee Arthroscopy intra-articular surgery: Overturn

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines- regarding diagnostic arthroscopy.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints
Page(s): 344-45.

Decision rationale: Based on California ACOEM Guidelines, surgical intervention would be supported. This individual's clinical examination is consistent with meniscal pathology including mechanical symptoms, lateral joint line tenderness, and positive McMurray's testing. The MRI scan demonstrates tearing to both the medial and lateral meniscus with recent plain film radiographs showing well-preserved joint space. Based on failed conservative care and the imaging, the role of operative procedure in this case has been established.