

Case Number:	CM14-0079614		
Date Assigned:	07/25/2014	Date of Injury:	06/04/2013
Decision Date:	10/08/2014	UR Denial Date:	05/01/2014
Priority:	Standard	Application Received:	05/30/2014

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 Mississippi. 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 records, presented for review, indicate that this 43 year old female was reportedly injured on June 4, 2013. The mechanism of injury was noted as a slip and fall type event. The most recent progress note, dated April 10, 2014, indicated that there were ongoing complaints of knee pain. The physical examination was not reported in this note. Diagnostic imaging studies objectified a lateral meniscus tear. Previous treatment included injection therapy into the right knee, physical therapy, multiple medications and other conservative care. A request was made for knee arthroscopy and was not certified in the pre authorization process on May 1, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Knee Arthroscopy Surgery: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Knee & Leg Chapter - Meniscectomy

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

Decision rationale: As noted in the American College of Occupational and Environmental Medicine (ACOEM) guidelines, arthroscopy is recommended to evaluate patients and there is a suspicion of a clinically significant meniscal tear. Based on the MRI findings, there is a clinical

indication of such a pathology. Therefore, there is a medical necessity to complete this knee arthroscopy.