

Case Number:	CM14-0105764		
Date Assigned:	07/30/2014	Date of Injury:	01/12/2012
Decision Date:	03/12/2015	UR Denial Date:	06/06/2014
Priority:	Standard	Application Received:	07/07/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Orthopedic Surgery, Sports Medicine

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 39-year-old male who reported an injury on 01/12/2012. The mechanism of injury was the injured worker was carrying a shovel with cement and walking when his boot got caught on something and he fell with both knees hitting the ground. The injured worker was noted to have a previous ACL reconstruction on his left knee and a right knee surgery. The documentation of 04/08/2014 revealed the injured worker continued to experience unchanged pain of the neck, left shoulder, and bilateral knees. The objective findings revealed bilateral knee tenderness to palpation at the joint lines and a positive Apley's test. The diagnosis included bilateral knee meniscal tearing. The treatment plan included a left knee arthroscopy and partial meniscectomy per a report dated 09/11/2013. The Request for Authorization submitted for 05/12/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient left knee surgery: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): Page 343. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Knee Chapter

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

Decision rationale: The American College of Occupational and Environmental Medicine indicates that a surgical consultation may be appropriate for an injured worker who has activity limitation for more than 1 month and a failure of exercise program to increase range of motion and strength of the musculature around the knee. Additionally, they indicate that for a meniscus tear there should be clear signs of a bucket handle tear and clear evidence of a meniscus tear and consistent findings on an MRI. The documentation of 04/08/2014 failed to provide objective findings to support the need for surgical intervention. Additionally, there was a lack of an official MRI. The request as submitted failed to indicate the specific procedure being requested. Given the above, the request for outpatient left knee surgery is not medically necessary.