

Case Number:	CM14-0193435		
Date Assigned:	12/01/2014	Date of Injury:	05/20/2014
Decision Date:	01/22/2015	UR Denial Date:	10/22/2014
Priority:	Standard	Application Received:	11/18/2014

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:

The injured worker is a 39 year old male claimant with an industrial injury dated 05/20/14. An MRI of the left knee dated 08/02/14 reveals a horizontal cleavage tear in the medial meniscus. Exam note 10/07/14 states the patient returns with left knee pain. The patient explains experiencing a popping and pain in the medial aspect of the left knee. Upon physical exam there is tenderness over the medial joint line. The patient is noted to have a positive McMurray's test and has difficulty going up/down a ladder. Treatment includes a left knee arthroscopic meniscectomy and debridement.

IMR ISSUES, DECISIONS AND RATIONALES

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

A&S Knee Arthroscopy with Meniscectomy and Debridement: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee & Leg, Web Edition, Indications for Surgery, Meniscectomy

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, Meniscectomy

Decision rationale: The CA MTUS/ACOEM Chapter 13 Knee Complaints, pages 344-345, states 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 the ODG Knee and Leg section, Meniscectomy section, states indications for 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 10/7/14 do not demonstrate evidence of adequate course of physical therapy or other conservative measures. While the MRI does in fact demonstrate a meniscus tear, there is no evidence of conservative care from the 57 pages of submitted records. Therefore the request is considered not medically necessary.