

Case Number:	CM14-0199409		
Date Assigned:	12/09/2014	Date of Injury:	04/19/2010
Decision Date:	02/04/2015	UR Denial Date:	10/29/2014
Priority:	Standard	Application Received:	11/28/2014

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 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:

56 year old female claimant with an industrial injury dated 04/19/10. The patient is status post a left knee arthroscopic surgery. Exam note 10/15/14 states the patient returns with left knee pain. The patient reports experiencing a constant, severe, dull, stiffness, and weakness of the left knee. Upon physical exam the left knee range of motion was noted as decreased and painful. There was also 3+ tenderness surrounding the anterior knee, medial knee, and lateral knee. The patient uses a cane for mobility. The patient demonstrated pain with the McMurray's test. Treatment includes a left knee arthroscopy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left Knee Arthroscopic Surgery: 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, Indications for Surgery

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: CAMTUS/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 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 10/5/14 do not demonstrate any evidence of a formal MRI report being presented in the records. Therefore, the request is not medically necessary.