

Case Number:	CM14-0032740		
Date Assigned:	06/20/2014	Date of Injury:	08/01/1993
Decision Date:	03/16/2015	UR Denial Date:	02/28/2014
Priority:	Standard	Application Received:	03/14/2014

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 53-year-old male who reported an injury on 08/01/1993. The mechanism of injury was not specifically stated. The current diagnoses include cervical degenerative disc disease with facet arthropathy and bilateral upper extremity radiculopathy, thoracic sprain/strain, lumbar degenerative disc disease, bilateral peroneal neuropathy, bilateral knee internal derangement, left ankle traumatic arthritis, reactionary depression/anxiety, medication induced gastritis, noninsulin dependent diabetes mellitus, and bilateral ulnar nerve entrapment. The injured worker presented on 02/13/2014 with complaints of persistent pain over multiple areas of the body. The injured worker has been previously treated with several medications, physical therapy, and lumbar epidural injections. Upon examination of the right knee, there was tenderness to palpation along the medial and lateral joint line with mild crepitus. There was a positive McMurray's sign and negative laxity. A right knee MRI performed on 09/03/2010 reportedly revealed a tear of the posterior margin of the medial meniscus. Recommendations at that time included a right knee arthroscopic meniscectomy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Knee Arthroscopic Meniscectomy: Upheld

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

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

Decision rationale: The California MTUS/ACOEM Practice Guidelines state a referral for surgical consultation may be indicated for patients who have activity limitations for more than 1 month and a failure of exercise programs. In this case, there was no mention of a recent attempt at conservative treatment for the right knee. There was no documentation of a significant functional limitation upon examination. There were also no imaging studies provided for this review. As such, the request is not medically appropriate at this time.