

Case Number:	CM15-0003424		
Date Assigned:	01/14/2015	Date of Injury:	06/05/2014
Decision Date:	03/10/2015	UR Denial Date:	12/23/2014
Priority:	Standard	Application Received:	01/07/2015

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: New York, New Hampshire, Washington
 Certification(s)/Specialty: Orthopedic Surgery

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 male who sustained an industrial injury on June 5, 2014. The mechanism of injury is unknown. The diagnosis was right knee internal derangement. Treatment to date has included diagnostic studies, medications and physical therapy. Currently, the injured worker complains of low back pain and bilateral knee pain. He stated to have minimal improvement despite anti-inflammatories and physical therapy. On December 23, 2014, Utilization Review non-certified a right knee diagnostic arthroscopy with partial meniscectomy, noting the American College of Occupational and Environmental Medicine Guidelines and Official Disability Guidelines. On January 7, 2015, the injured worker submitted an application for Independent Medical Review for review of right knee diagnostic arthroscopy with partial meniscectomy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right knee diagnostic arthroscopy with partial meniscectomy: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints
Page(s): page 347.

Decision rationale: The medical records do not show evidence of meniscal abnormality on physical exam. Also, MRI does not clearly show meniscal tear. The patient has not improved with PT. MTUS guidelines for knee scope not met. There is no evidence of meniscal tear on exam. Diagnosis remains unclear. Meniscal surgery not needed and criteria not met.