

Case Number:	CM15-0101732		
Date Assigned:	06/04/2015	Date of Injury:	01/26/2015
Decision Date:	07/10/2015	UR Denial Date:	05/13/2015
Priority:	Standard	Application Received:	05/27/2015

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: California, Indiana, Oregon

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 46 year old female, who sustained an industrial injury on 1/26/15. She reported twisting left knee. The injured worker was diagnosed as having left sprain and left knee arthritis. Treatment to date has included physical therapy, steroid injection and oral anti-inflammatories. Currently, the injured worker complains of continued left knee pain. She states physical therapy did not help and steroid injection only helped for 2 days. She is currently working on modified duty. Physical exam noted left tenderness posterior to the medial joint line and a mild limp with ambulation. A request for authorization was made for left knee arthroscopy with partial medial meniscectomy and open cyst excision.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left knee arthroscopy, partial medial meniscectomy, open cyst excision: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) knee.

Decision rationale: According to the ACOEM Practice Guidelines, an 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 Official Disability Guidelines, 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 MRI from 3/4/15 does not demonstrate meniscus tear. It identifies chondral fissuring which is an arthritic finding. There are no mechanical symptoms noted in the orthopaedic evaluations. The request is not in keeping with guidelines and is not medically necessary.