

Case Number:	CM15-0033432		
Date Assigned:	02/26/2015	Date of Injury:	05/16/2013
Decision Date:	04/14/2015	UR Denial Date:	02/14/2015
Priority:	Standard	Application Received:	02/23/2015

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

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 37 year old, female patient, who sustained an industrial injury on 05/16/2013. An orthopedic primary treating office visit dated 01/29/2015 reported current complaint of continues to have significant left knee pain over the lateral aspect; also gives way and swells. In addition, she has complaint of pain over the lateral aspect of her left hip, low back and pain that radiates into the left ankle. MRI left knee 9/4/13 demonstrates no evidence of meniscus tear with discoid lateral meniscus. Objective findings showed tenderness in the left lower lumbar area; as well as tenderness over the left trochanteric area. The left knee demonstrated lateral tenderness; without effusion. She has full range of motion and a positive McMurray's test laterally. She is diagnosed with left hip trochanteric bursitis; possible left lumbar radiculopathy and left knee internal derangement with discoid lateral meniscus. A request was made for arthroscopic knee surgery. On 02/14/2015, Utilization Review, non-certified the request, noting the CA MTUS/ACOEM and ODG Guidelines were cited. The injured worker submitted an application for independent medical review of requested services.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left Knee Arthroscopy Surgery with Anesthesia: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints
Page(s): 344-345.

Decision rationale: 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). In this case the MRI of the left knee from 9/4/13 demonstrates a discoid meniscus laterally but no tear. Therefore the determination is for non-certification.