

Case Number:	CM13-0030266		
Date Assigned:	11/27/2013	Date of Injury:	10/28/2011
Decision Date:	02/21/2014	UR Denial Date:	09/25/2013
Priority:	Standard	Application Received:	09/30/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician 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 physician 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:

The patient is a 36-year-old female who injured her right knee on 08/28/11. Specific to the right knee, there is an 08/29/13 progress report by [REDACTED]. Specific to the right knee the claimant complained of continued pain and weakness as well as low back complaints. The knee was noted to have 4/5 motor strength, medial and lateral joint line tenderness with patellar crepitation. The surgical intervention in regard to the knee in the form of a diagnostic arthroscopy with partial medial meniscectomy and chondroplasty was recommended. Documentation of prior imaging showed 04/25/13 radiographs with lateral and patellofemoral joint space narrowing and an MRI scan from 12/22/11 showed no medial or lateral meniscal tearing, chondral changes tricompartmentally, and a sprain of the anterior cruciate ligament. Recent treatment was not documented in regard to the claimant's right knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

A right knee arthroscopy and partial meniscectomy with chondroplasty: 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): 344-345.

Decision rationale: Based on California ACOEM 2004 Guidelines, the surgical process in this case would not be indicated. The claimant's imaging from 2011 demonstrates tricompartmental degenerative changes with no indication of acute meniscal pathology. While the claimant continues to be symptomatic, ACOEM Guideline criteria does not support isolated treatment of osteoarthritic changes to the knee with surgical process including arthroscopy. The specific request for care in this case would not be indicated.