

Case Number:	CM14-0140340		
Date Assigned:	09/22/2014	Date of Injury:	03/25/2014
Decision Date:	10/24/2014	UR Denial Date:	08/04/2014
Priority:	Standard	Application Received:	08/29/2014

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. The expert reviewer is Board Certified in Orthopedic Surgeon and is licensed to practice in Texas. 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/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 injured worker is a 56-year-old male who reported an injury on 03/25/2014. The injured worker reportedly twisted his knee while walking down a flight of stairs. Current diagnosis is right knee degenerative joint disease with meniscal tear. The injured worker was evaluated on 07/25/2014 with complaints of persistent right knee pain, swelling, and locking. Previous conservative treatment is noted to include anti-inflammatory medication and bracing. Physical examination revealed tenderness to palpation of the medial knee, patellofemoral crepitation, and 0 to 130 degree range of motion with a positive meniscal provocative test. X-rays of the right knee obtained in the office indicated mild degenerative joint disease. A previous MRI reportedly indicated degenerative medial meniscus tear and osteoarthritis. Treatment recommendations at that time included a knee arthroscopy. The injured worker's previous MRI of the right knee obtained on 03/25/2014 was submitted for review, and indicated moderately advanced chondromalacia of the medial femoral condyle and medial tibia plateau with moderate joint effusion. There was extensive degenerative tearing of the body and posterior horn of the medial meniscus noted as well.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right knee arthroscopy with menisectomy: Upheld

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

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

Decision rationale: The CA MTUS/ACOEM Practice Guidelines state a referral for a surgical consultation may be indicated for patients who have activity limitation for more than 1 month and failure of exercise programs to increase range of motion and strength of the musculature around the knee. As per the documentation submitted, the injured worker's physical examination only revealed tenderness to palpation with positive meniscal provocative testing. There was no documentation of a significant functional limitation. There was also no mention of an exhaustion of conservative treatment to include physical modalities. Therefore, the current request is not medically necessary.