

Case Number:	CM14-0147072		
Date Assigned:	09/15/2014	Date of Injury:	04/12/2013
Decision Date:	10/15/2014	UR Denial Date:	08/15/2014
Priority:	Standard	Application Received:	09/10/2014

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 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 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:

This is a 52-year-old female who twisted her right knee while stepping awkwardly in a parking lot on 04/12/13. Clinical records provided for review include the report of the 05/22/14 updated right knee MRI identifying an abnormal signal over the medial meniscus with extension to the surface. The report documents that this cannot be confirmed on all views and is inconclusive for meniscal tearing. There was a moderate degree of underlying soft tissue edema with no other significant findings noted. The handwritten PR-2 report dated 08/08/14, showed subjective complaints of knee pain despite a recent course of physical therapy and corticosteroid injection. The description by the injured worker indicates that the knee gives out. Physical examination showed medial greater than lateral tenderness, no effusion and quadriceps weakness. The plan at that time was for a right knee partial medial meniscectomy and chondroplasty. Plain film radiographs of the knee reviewed from January 2014 showed medial osteoarthritic change.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right knee partial arthroscopy medial meniscectomy and chondroplasty QTY: 1.00:
Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 344.

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

Decision rationale: Based on California ACOEM Guidelines the request for right knee partial arthroscopy, medial meniscectomy and chondroplasty cannot be supported. The imaging study does not identify any clear evidence of medial meniscal pathology as the MRI scan is inconclusive for change. There is evidence of degenerative arthritis of the knee. ACOEM Guidelines recommend consistent findings of meniscal pathology on an MRI. Without clear clinical picture of meniscal pathology, this individual would fail to meet ACOEM Guideline criteria for the requested surgical process. Therefore, this request is not medically necessary.