

Case Number:	CM14-0175103		
Date Assigned:	10/28/2014	Date of Injury:	07/11/2013
Decision Date:	12/04/2014	UR Denial Date:	10/14/2014
Priority:	Standard	Application Received:	10/22/2014

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 New York. 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 patient is a 44-year-old male. He injured his knee in the motor vehicle accident. The patient has a date of injury of July 11, 2013. The patient has chronic knee pain. MRI of the knee reveals medial meniscus tear and tricompartmental arthritis. The patient is diagnosed with internal knee derangement. He was initially treated with medications and a cane which provided some relief. He continues to complain of knee pain. He takes narcotics and Mobic. Physical exam reveals positive McMurray test. At issue is whether right knee arthroscopic surgery is medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Arthroscopic Right Knee Monisectomy: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints, Chronic Pain Treatment Guidelines Knee Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Chapter: Knee and Leg, Anterior cruciate ligament (ACL) reconstruction

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: MTUS knee pain chapter

Decision rationale: This patient does not meet established criteria for knee meniscectomy at this time. Specifically the medical records do not indicate that the patient has a limited range of knee motion, crepitus, or positive provocative test for anterior cruciate ligament injury to warrant chondroplasty and anterior cruciate ligament reconstruction. There is no documentation of any physical exam test does show that the ACL is incompetent. In addition, the medical records do not document the patient has exhausted conservative measures such as physical therapy and cortisone injections prior to any surgery. In addition the MRI does not document ligamentous injury. The MRI does not document cartilage injury. Arthroscopic surgery is not medically necessary at this time. More conservative measures including a recent trial and failure physical therapy are medically necessary.