

Case Number:	CM14-0164437		
Date Assigned:	10/09/2014	Date of Injury:	06/30/2014
Decision Date:	03/17/2015	UR Denial Date:	10/01/2014
Priority:	Standard	Application Received:	10/07/2014

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. 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: New York, New Hampshire, Washington
 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(IW) is a 53 year old male who sustained an industrial injury on 06/30/2014. He has reported a right knee injury with tenderness. Diagnoses include derangement meniscus not elsewhere cited, and primary osteoarthritis of the leg. Treatment to date includes activity modifications of no kneeling, climbing or squatting. A MRI of 08/13/2014 showed a tear of the body and posterior horn of the medial meniscus with severe chondromalacia of the medial knee compartment. A progress note from the treating provider dated 09/12/2014 indicates the IW's condition had not improved significantly. Authorization for a right knee arthroscopy with partial meniscectomy and chondroplasty was requested. On 10/01/2014 Utilization Review non-certified a request for a right knee arthroscopy with partial meniscectomy and chondroplasty noting the results of the MRI showing bone on bone changes involving the medial compartment of the knee and with no significant documentation of specific mechanical symptoms or meniscal pathology, the request for an arthroscopy of the knee with partial medial meniscectomy and chondroplasty cannot be deemed medically indicated. The MTUS, ACOEM Guidelines Chapter 13 Knee Complaints were cited. On 10/01/2014 Utilization Review non-certified a request for Assistant surgeon, noting the requested surgery was denied therefore there was no need for an assistant surgeon.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right knee arthroscopy with partial meniscectomy and chondroplasty: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343-351.

Decision rationale: 53 yo male with chronic knee pain. MTUS criteria for knee scope surgery not met. The MRI does not show meniscal pathology. There is no clear correlation between exam and MRI. MTUS criteria for surgery not met.

Assistant surgeon: 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): 343-350.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.