

Case Number:	CM14-0217909		
Date Assigned:	01/07/2015	Date of Injury:	05/16/2014
Decision Date:	03/03/2015	UR Denial Date:	12/10/2014
Priority:	Standard	Application Received:	12/29/2014

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. 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 Jersey, Michigan, California
 Certification(s)/Specialty: Neurology, Neuromuscular Medicine

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 59 year old male with a date of injury as 05/16/2014. The cause of the injury was related to tripping and falling resulting in injuries to his right knee, left wrist, and hand, and chest. The current diagnoses include strain/sprain right knee, medial meniscus tear right knee, chondromalacia right knee, and strain/sprain left wrist. Previous treatments include multiple medications, wrist brace, physical therapy, and warm water soaks. Primary treating physician's reports dated 12/15/2014 and 12/29/2014, first report of injury dated 11/24/2014, MRI of the right knee dated 10/17/2014, and a medication list were included in the documentation submitted for review. Report dated 12/29/2014 noted that the injured worker presented with complaints that included right knee pain, left knee pain, and left wrist/thumb pain. Physical examination revealed gait favoring right lower extremity and decreased range of motion. Report dated 11/24/2014 noted that the injured worker presented with complaints that included right knee pain, left wrist and hand pain, and chest pain. Physical examination revealed gait slightly favored on the right lower extremity, ambulates with a slightly flexed knee, squatting to 50% illicit right knee pain, right knee was noted for moderate swelling with slight effusion, tenderness of both medial and lateral menisci, decreased range of motion, strongly positive grinding, spring, and valgus stress tests. MRI of the right knee revealed evidence of posterior root tear of the medial meniscus and stage II-III/IV chondromalacia of the medial femoral condyle and tibia. Treatment plan included continuation of Tramadol and Motrin, and request for arthroscopic surgery of the right knee. The injured worker is currently working with no restrictions. The utilization review performed on 12/10/2014 non-certified a prescription for

right knee arthroplasty based on no knee examination, symptom history, and did not include prior conservative treatments. The reviewer referenced the ACOEM and Official Disability Guidelines in making this decision.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Knee Arthroscopy: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee Chapters

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 347.

Decision rationale: According to MTUS guidelines, Knee arthroscopy is indicated in case of severe meniscal disease with severe functional limitation, ACL dysfunction with knee instability. There is no clear evidence of any of the above conditions in this case. Therefore, the request is not medically necessary.