

Case Number:	CM15-0079707		
Date Assigned:	04/30/2015	Date of Injury:	05/05/2010
Decision Date:	05/29/2015	UR Denial Date:	04/20/2015
Priority:	Standard	Application Received:	04/27/2015

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: California

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 is a 40-year-old female who sustained an industrial injury on 5/5/10. The injured worker reported symptoms in the left lower extremity. The injured worker was diagnosed as having internal derangement of knee and pain in joint, lower leg. Treatments to date have included status post left knee arthroscopic surgery (5/5/11), physical therapy, bracing, injections, oral pain medication, muscle relaxant and non-steroidal anti-inflammatory drugs. Exam note 4/8/15 demonstrates, the injured worker complains of left knee pain. Tenderness is noted in the left knee along the medial greater than lateral joint line. MRI left knee from 10/1/14 is negative for appreciable pathology. The plan of care was for surgical intervention and a follow up appointment at a later date.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left knee arthroscopy, decompression, evaluation of meniscus, and possible repair: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 344-345.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 344-345. Decision based on Non-MTUS Citation ODG Knee and Leg section, Meniscectomy section.

Decision rationale: CAMTUS/ACOEM Chapter 13 Knee Complaints, pages 344-345, states regarding meniscus tears, Arthroscopic partial meniscectomy usually has a high success rate for cases in which there is clear evidence of a meniscus tear symptoms other than simply pain (locking, popping, giving way, recurrent effusion). According to ODG Knee and Leg section, Meniscectomy section, states indications for arthroscopy and meniscectomy include attempt at physical therapy and subjective clinical findings, which correlate with objective examination and MRI. In this case, the exam notes from 4/8/15 do not demonstrate evidence of adequate course of physical therapy or other conservative measures. In addition, there is lack of evidence in the cited records of a meniscus tear of the left knee from the report of 10/1/14. Therefore, the determination is not medically necessary.