

Case Number:	CM15-0092166		
Date Assigned:	05/18/2015	Date of Injury:	09/16/2013
Decision Date:	06/17/2015	UR Denial Date:	04/28/2015
Priority:	Standard	Application Received:	05/13/2015

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, Indiana, Oregon
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 38 year old female, who sustained an industrial injury on 09/16/2013. On provider visit dated 03/06/2015 the injured worker has reported right knee pain. On examination there was mild swelling and tenderness over the proximal patellar tendon, knee was otherwise not swollen and no effusion was noted. Range of motion was noted as full. Gait was unremarkable. The diagnoses have included knee pain and patellar tendonitis. Treatment to date has included medication, knee brace, and injections. The injured worker was noted not to be working. MRI of right knee dated 09/03/2014 revealed medial meniscal with no definite tear seen and focal high grade chondrosis with full thickness chondral fissuring. The provider requested right knee arthroscopy with possible partial meniscectomy, debridement, and possible microfracture vs chondroplasty.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right knee arthroscopy with possible partial meniscectomy, debridement, possible microfracture vs chondroplasty: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee & Leg (Acute & Chronic).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) knee.

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 MRI from 9/3/14 does not show clear evidence of a meniscal tear. Based on this, the request for meniscectomy is not medically necessary.