

Case Number:	CM13-0021390		
Date Assigned:	11/08/2013	Date of Injury:	04/16/2012
Decision Date:	01/24/2014	UR Denial Date:	08/12/2013
Priority:	Standard	Application Received:	09/09/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Orthopedic Surgery, and is licensed to practice in California. 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 physician 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 claimant is a forty six year old gentleman who was injured in a work related accident on April 16, 2012. Records specific to the claimant's left knee from injury include an April 4, 2013 Magnetic Resonance Imaging that shows tearing of the body and the horn of the medial meniscus and evidence of postsurgical changes indicative of a prior partial meniscectomy "since prior Magnetic Resonance Imaging". There is a discal lateral meniscus with no tearing, mild lateral cartilage loss of medial compartment and marrow edema to the tibial plateau medially. There is indication of a prior surgical process on June 8, 2012 in the form of a manipulation under anesthesia, arthroscopic examination, partial medial meniscectomy and debridement. The claimant's most recent clinical progress report for review is an August 13, 2013 report from [REDACTED] stating the claimant is with continued complaints of left knee pain with noted recurrent tearing on Magnetic Resonance Imaging scan. He demonstrates an examination with a positive McMurray's test, positive joint line tenderness and no other significant findings. Based on failed postoperative care, the treating physician recommended the role of a left knee arthroscopy with meniscectomy as well as lateral release to be performed at time of operative intervention.

IMR ISSUES, DECISIONS AND RATIONALES

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

One left knee arthroscopy with meniscectomy and lateral release as an outpatient: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints
Page(s): 344-345.

Decision rationale: Based on California American College of Occupational and Environmental Medicine (ACOEM) Guidelines, the surgical process as requested would not be indicated. While the claimant's postoperative Magnetic Resonance Imaging scan does demonstrate meniscal changes medially, there is no clinical evidence of patellar dislocation or recurrent subluxation and/or patellar imaging findings suggestive of need for the patellar portion of the surgical process in the form of lateral retinacular release. Absent physical examination findings specific to the patellar, the claimant would not meet clinical criteria for the role of lateral retinacular release which California American College of Occupational and Environmental Medicine (ACOEM) Guidelines only recommend in the role of recurrent subluxation as a surgical option.