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| Case Number: | CM13-0026740 | | |
| Date Assigned: | 12/18/2013 | Date of Injury: | 09/03/2012 |
| Decision Date: | 02/04/2014 | UR Denial Date: | 08/26/2013 |
| Priority: | Standard | Application Received: | 09/19/2013 |

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 42-year-old gentleman who was injured on September 3, 2012. The clinical records reviewed include an August 27, 2013 assessment with [REDACTED] where he indicated ongoing complaints of pain about the right knee. Physical examination findings of the right knee on that date showed positive medial joint line tenderness as well as anterolateral joint line tenderness with restricted range of motion from 0 to 100 degrees. Formal report of imaging available for review includes an MRI report dated February 5, 2013 that the radiologist read as no formal tearing to the meniscus. [REDACTED] recommended the role of knee arthroscopy with "intraarticular surgery". On August 27, 2013 he stated that this would be followed by partial medial meniscectomy with possible repair to the anterior horn of the lateral meniscus. He indicates the claimant has failed conservative care to date.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right knee arthroscopy with intraarticular surgery: Upheld

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

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

Decision rationale: Based on California ACOEM Guidelines, the role of operative intervention in this case cannot be confirmed. While [REDACTED] feels meniscal pathology is noted, this would not be confirmed based on his examination findings that demonstrate tenderness over the entire joint line and an MRI scan that fails to demonstrate consistent or concordant findings. Given the claimant's current chronic presentation with lack of significant correlation between examination and MRI scanning, the role of acute need of arthroscopic intervention to the knee would not be supported. Guideline criteria indicates that arthroscopic partial meniscectomy has a high success rate in patients where there is clear evidence of symptoms other than pain, clear findings on examination and consistent findings on imaging.