

Case Number:	CM13-0004362		
Date Assigned:	11/20/2013	Date of Injury:	11/12/2003
Decision Date:	01/22/2014	UR Denial Date:	06/28/2013
Priority:	Standard	Application Received:	07/29/2013

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 60-year-old female injured in work related accident on 11/12/03. She was pushing a pallet jack in a cafeteria sustaining an injury to the left knee. Clinical records reviewed indicate that the claimant is status post a 2002 left total knee arthroplasty that was preceded by a 1999 left knee arthroscopy. She postoperatively developed reflex sympathetic dystrophy and has been treated with conservative care including therapy, sympathetic blockades, injections and activity restrictions. Most recent assessment of August 27, 2013 with [REDACTED] indicated follow up of bilateral knee arthroplasties with the left knee being with continued crepitation and objective findings of 0 to 110 degrees range of motion with tenderness noted over the patella. Due to ongoing complaints a left knee arthroscopy and debridement of the left knee was recommended for further intervention.

IMR ISSUES, DECISIONS AND RATIONALES

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

Request for outpatient left knee arthroscopy and debridement: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Guidelines

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343-345. Decision based on Non-MTUS Citation Official Disability Guidelines

(ODG)--Official Disability Guidelines Treatment in Worker's Comp, 18th Edition, 2013
Updates: knee procedure

Decision rationale: California MTUS Guidelines states "Referral for surgical consultation may be indicated for patients who have: "Activity limitation for more than one month; and Failure of exercise programs to increase range of motion and strength of the musculature around the knee". The claimant's left knee is noted to be with a prior total joint arthroplasty and there was no indication of evaluation in the form of imaging or otherwise to evaluate the etiology of the complaints. The available clinical information would not support the requested surgical intervention in the setting of a prior left knee arthroplasty.