

Case Number:	CM13-0004405		
Date Assigned:	12/27/2013	Date of Injury:	01/22/2013
Decision Date:	07/30/2014	UR Denial Date:	07/18/2013
Priority:	Standard	Application Received:	07/29/2013

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. The expert 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 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/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 records presented for review indicate that this 52-year-old male was reportedly injured on January 22, 2013. The mechanism of injury was not listed in the records reviewed. The most recent progress note, dated July 2, 2013, indicated that there were ongoing complaints of right knee pain. The physical examination demonstrated tenderness at the medial joint line but otherwise a normal examination. Diagnostic imaging studies objectified 50% joint space narrowing of the right knee. Previous treatment included a right knee injection which provided 80% pain relief for 2 to 3 weeks. A request had been made for right knee arthroscopy with possible arthrotomy and medial meniscectomy and was not certified in the pre-authorization process on July 18, 2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

RIGHT KNEE ARTHROSCOPY, POSS ARTHOTHOMY, LOOSE BODY MEDIAL/MENISECTOMY CHRONDROPLASTY AND OR SYNVECTOMY: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343-345.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343-344.

Decision rationale: According to the American College of Occupational and Environmental Medicine, a referral for knee surgery should only occur after there is failure of exercise programs to increase range of motion and strengthening of the musculature around the knee. It was not demonstrated that the injured employee has proved participation in physical therapy. Without having tried and failed these conservative measures previously, this request for a right knee arthroscopy with possible arthrotomy and loose body/medial meniscectomy, chondroplasty, and/or synovectomy is not medically necessary.