

Case Number:	CM13-0010471		
Date Assigned:	12/04/2013	Date of Injury:	05/10/2013
Decision Date:	01/29/2014	UR Denial Date:	08/02/2013
Priority:	Standard	Application Received:	08/14/2013

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 Alaska. 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.

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 patient is a 43-year-old male who reported an injury on 05/10/2013 after slipping and falling on a floor, causing injury to his left knee. The patient was treated conservatively with medications, physical therapy, and a home exercise program. The patient's treatment plan included arthroscopy of the knee with an OATS procedure.

IMR ISSUES, DECISIONS AND RATIONALES

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

Arthroscopy Knee OAT, left knee: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines-Treatment in Workers Comp. Integrated Treatment/Disability Duration Guidelines: Knee & Leg (Acute & Chronic).

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

Decision rationale: The requested arthroscopic OATS procedure of the left knee is not medically necessary or appropriate. The clinical documentation submitted for review does indicate that the patient previously underwent surgical intervention to include arthroscopy, chondroplasty, and micro fracture, removal of loose bodies, and excision of a ganglion cyst. The American College of Occupational and Environmental Medicine recommends an OATS procedure for patients less than 40 years old with active lifestyles exhibiting singular,

traumatically-caused grade III or IV femoral chondral deficits. The clinical documentation submitted for review does not provide any physical exam findings or imaging studies to support the need for this surgical intervention. As such, the requested arthroscopic OATS procedure for the left knee is not medically necessary or appropriate.