

Case Number:	CM13-0012616		
Date Assigned:	06/06/2014	Date of Injury:	02/24/2011
Decision Date:	07/28/2014	UR Denial Date:	08/05/2013
Priority:	Standard	Application Received:	08/12/2013

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 Surgeon and is licensed to practice in Texas. 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 injured worker is a 68-year-old male who reported an injury on 02/24/2011. The mechanism of injury was not specifically stated. The current diagnosis is left knee postoperative pain with crepitation and dysfunction. The injured worker was evaluated on 09/17/2013 with complaints of persistent pain. Previous conservative treatment includes physical therapy and anti-inflammatory medication. The injured worker also underwent a cortisone injection without relief. Physical examination revealed 0 to 125 degrees range of motion, suprapatellar crepitation, and tenderness in the anteromedial area of Hoffa's fat pad. Treatment recommendations at that time included authorization for a left knee arthroscopy with debridement, synovectomy, and lysis of adhesions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left knee arthroscopy with debridement lysis of adhesions: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

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

Decision rationale: California MTUS/ACOEM Practice Guidelines state a referral for surgical consultation may be indicated for patients who have activity limitation for more than 1 month and a failure of exercise programs to increase range of motion and strength of the musculature

around the knee. As per the documentation submitted, the injured worker has been previously treated with physical therapy, anti-inflammatory medication, and a corticosteroid injection. However, there were no imaging studies provided for this review. The injured worker's physical examination only revealed tenderness in the anteromedial area of Hoffa's fat pad. As the medical necessity has not been established, the current request cannot be determined as medically appropriate. Therefore, the request is not medically necessary.