

Case Number:	CM13-0016855		
Date Assigned:	11/06/2013	Date of Injury:	06/17/2010
Decision Date:	01/27/2014	UR Denial Date:	08/22/2013
Priority:	Standard	Application Received:	08/26/2013

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 50-year-old female who was injured in a work related accident on June 17, 2010. Specific to the right knee, the clinical records for review indicate continued complaints of pain. An October 25, 2013 PR2 report indicated a diagnosis of "right knee DJD" with motion from 0 to 110 degrees of flexion, tenderness to palpation and diminished swelling. Subjectively she was with right knee complaints and states specifically she wants a "cortisone shot". Previous records for review in regards to the claimant's knee include a PR2 report of September 27, 2013 with [REDACTED] where subjectively the claimant was with 5/10 on a VAS pain scale score of right knee pain with no formal physical examination findings noted giving her the diagnosis of degenerative joint disease and recommending the role of a right knee arthroscopy. Recent imaging is not documented or supported. Prior conservative measures in regards to the knee have included therapy, medications, injections and activity restrictions. There is documentation of prior viscosupplementation injections performed in this case in January of 2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

Missouri, Nebraska and Texas: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 344-345.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 344-345. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee Procedures, Indications for Surgery

Decision rationale: Based on California ACOEM Guidelines and supported by ODG criteria, surgical arthroscopy in this case would not be indicated. California Guidelines as well as the ODG in regards to surgical arthroscopy for degenerative change do not support the need. It is indicated that surgery for a diagnosis of arthritis is not recommended as a primary treatment modality and that the role of surgery for a diagnosis of arthritis is not more beneficial than conservative measures including physical therapy and medical treatment alone. Given the clinical information for review in this case, the role of an isolated arthroscopy to the knee would not be indicated at this time.