

Case Number:	CM13-0018370		
Date Assigned:	10/11/2013	Date of Injury:	09/30/2006
Decision Date:	01/06/2014	UR Denial Date:	08/29/2013
Priority:	Standard	Application Received:	08/29/2013

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:

This is a 56-year-old female injured on 9/30/06 with current complaints of pain about the left knee. A recent progress report for review dated 10/3/13 from [REDACTED] showed subjective complaints of pain about the knee with objective findings not documented. She was diagnosed with knee osteoarthritis, internal derangement, as well as a sprain to the right ankle and lumbosacral spondylosis. Recommendations at that time were for surgical intervention to the knee in the form of an arthroscopy. Previous report from [REDACTED] dated 8/22/13 showed continued limitations of function with the knee and demonstrated an examination with medial and lateral joint line tenderness. Clinical imaging is not available for review. Treatment to date is documented to have included medication management, activity restrictions, and physical therapy. As stated, a surgical process in the form of arthroscopy is being recommended for further care.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left knee arthroscopy: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 344.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 344-345.

Decision rationale: Based on California ACOEM Guidelines, surgical arthroscopy in the setting of advanced arthrosis is not supported. The claimant's current diagnosis is that of osteoarthritis to the knee for injury dating back to 2006. MRI findings are not noted for review. In the absence of acute internal derangement and based on the claimant's current examination and diagnosis of osteoarthritis, the need for surgical intervention would not be supported.

Pre-op clearance: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary

EKG and Labs: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary

Post-op physical therapy two times per week for six weeks: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary