

Case Number:	CM13-0021172		
Date Assigned:	12/11/2013	Date of Injury:	04/06/1995
Decision Date:	01/30/2014	UR Denial Date:	08/28/2013
Priority:	Standard	Application Received:	09/06/2013

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 Pennsylvania. 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 request is for medical necessity of a left knee arthroscopy and excision of dystrophic bone/calcification of the suprapatellar pouch as an outpatient. The date of injury is listed as 4/6/95. This is a 56-year-old female who underwent operative intervention consisting of a total knee arthroplasty by [REDACTED] on 2/8/13. During her early post-operative period, she sustained a partial patellar tendon rupture requiring repair on 2/9/13. Based on the records, she has undergone rather extensive therapy. Multiple therapy notes were reviewed. There are no recent notes from [REDACTED] explaining the rationale for the left knee arthroscopy. There is also a request for post-operative therapy and preoperative medical clearance. There is a handwritten note dated 8/21/13 in which it was noted that the claimant was six months out from her left total knee arthroplasty and had increased pain. There was no documented effusion. Range of motion was from +3 to 100° with no evidence of laxity. The note was handwritten and difficult to read. It was noted that she had tenderness about the patellar tendon and had a limp. The claimant also has reports of back pain. Diagnosis also includes multilevel lumbar degenerative disc disease. A handwritten note reflects that x-rays showed the left knee in good alignment with 5° of valgus and the patella was in the groove.

IMR ISSUES, DECISIONS AND RATIONALES

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

Decision for Left Knee Arthroscopy, excision of dystrophic bone/calcification supra-patella pouch as outpatient: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and

Environmental Medicine (ACOEM), <https://acoempracguides.org/Knee>, Table 2, Summary of Recommendations, Knee Disorders.

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

Decision rationale: The rationale for the left knee arthroscopy and removal of dystrophic bone was not adequately expressed in the information provided. X-rays of the left knee have shown good alignment and there is no other imaging evidence that documents the presence of a lesion that would benefit from surgical intervention.