

Case Number:	CM13-0026029		
Date Assigned:	11/22/2013	Date of Injury:	11/07/2012
Decision Date:	03/18/2014	UR Denial Date:	09/12/2013
Priority:	Standard	Application Received:	09/19/2013

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 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 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 27-year-old male who reported an injury on 11/07/2012, due to a knee injury sustained during a military training exercise. The patient was treated conservatively with physical therapy and medications that failed to control the patient's pain. The patient underwent an MRI in 02/2013 that revealed mild proximal patellar tendinosis and a chronic traction spur at the inferior pole of the patella without evidence of a tendon tear. Imaging study also revealed no evidence of bone marrow edema or osteochondral defect with negative findings for a ligamentous injury or synovitis. The patient's most recent clinical examination findings revealed tenderness to palpation along the patellofemoral region, with tenderness along the medial joint line and crepitus with range of motion. The patient's diagnoses included chronic right knee pain, and probable synovial plica of the right knee. The patient's treatment plan included a diagnostic arthroscopy due to persistent symptoms.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient right knee diagnostic arthroscopy with possible synovectomy: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 345. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343-345. Decision based on Non-MTUS Citation the Official Disability Guidelines (ODG). Knee and Leg Chapter, Diagnostic Arthroscopy.

Decision rationale: The requested outpatient right knee diagnostic arthroscopy with possible synovectomy is medically necessary and appropriate. The American College of Occupational and Environmental Medicine does recommend surgical consultation for patients who have activity limitations for longer than 1 month, and have failed to progress with conservative treatments. The clinical documentation submitted for review does provide evidence that the patient has had this injury for an extended duration, and has failed to respond to conservative treatments to include medication and physical therapy, and a home exercise program. Official Disability Guidelines recommend diagnostic arthroscopy for patients who have failed to respond to medications or physical therapy, with physical findings of pain and functional limitations that are not supported by an imaging study. The clinical documentation submitted for review does provide evidence that the patient has an imaging study; however, there is no conclusive evidence of an injury that would require surgical intervention. However, the patient has persistent pain and activity limitations that have failed to respond to medications and physical therapy. Therefore, the need for a diagnostic arthroscopy is supported by guideline recommendations. As such, the requested outpatient right knee diagnostic arthroscopy with possible synovectomy is medically necessary and appropriate.