

<b>Case Number:</b>	CM13-0029117		
<b>Date Assigned:</b>	11/01/2013	<b>Date of Injury:</b>	02/27/2013
<b>Decision Date:</b>	02/10/2014	<b>UR Denial Date:</b>	08/30/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/24/2013

### 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 Connecticut, North Carolina, and 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. 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 patient is a 24-year-old male who sustained a vocational injury of the left knee on 02/27/13. The MRIs of 03/13/13 and 05/28/13 demonstrate injury to the knee and patellofemoral ligament. The mechanism of injury was that his left knee was hit with a metal hose.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **Left knee arthroscopy with a synovectomy and debridement per form dated 8/15/2013**

**QTY: 1.00:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation the <http://www.odg-twc.com>: Arthroscopic surgery for osteoarthritis

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

**Decision rationale:** The MTUS/ACOEM Guidelines indicate that a referral for surgical consultation may be indicated for patients who have: Activity limitation for more than one month; and failure of exercise programs to increase range of motion and strength of the musculature around the knee. Earlier, emergency consultation is reserved for patients who may require drainage of acute effusions or hematomas. Referral for early repair of ligament or

meniscus tears is still a matter for study because many patients can have satisfactory results with physical rehabilitation and avoid surgical risk. The medical records provided for review do not support the left knee arthroscopy, synovectomy and debridement as medically necessary. The medical records suggest that there is an injury of the medial patellofemoral ligament and a corrective procedure may be of benefit. Such a corrective procedure as diagnostic arthroscopy may be necessary. However, knee arthroscopy in and of itself would not treat the underlying pathology, which apparently is patellofemoral instability secondary to a trauma and medial patellofemoral ligament insufficiency. The proposed procedure would not address the apparent underlying pathology, therefore is not supported.

**Medical clearance per form dated 8/15/2013 QTY: 1.00:** 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.