

<b>Case Number:</b>	CM13-0035037		
<b>Date Assigned:</b>	12/11/2013	<b>Date of Injury:</b>	11/13/2002
<b>Decision Date:</b>	02/12/2014	<b>UR Denial Date:</b>	10/04/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/16/2013

### 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 patient is a 65-year-old gentleman who was injured in a work-related accident on 11/13/02. Clinical records in regard to the claimant's knee include a 9/11/13 PR2 report with [REDACTED], [REDACTED] indicating continued complaints of knee pain. It states that he has tried and failed conservative care and continues to be quite symptomatic. The patient is status post a prior right total knee arthroplasty performed in 2002. A 1/24/13 postoperative MRI scan showed prior arthroplasty with no evidence of hardware failure with tendinopathy of the quadriceps tendon. The claimant's physical examination findings on 9/11/13 showed 0 to 105 degrees range of motion with soreness laterally and no pain over the patellar button.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**The request for arthroscopy of the knee with removal of the impinged synovium, preoperative clearance, CXR, EKG, labs (BMP, CBC, PTT, and UA): Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Independent Medical Examinations and Consultations (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 7), page 127; and the Official Disability Guidelines.

**Decision rationale:** The claimant had a prior total joint arthroplasty with no documentation of aseptic loosening or physical examination findings demonstrating significant internal pathology. The role of a diagnostic arthroscopy for the purpose of synovectomy and debridement would not be indicated based on the claimant's current clinical presentation. This would also negate the need for preoperative clearance and assessment as requested in this case. Therefore, the request is non-certified.