

Case Number:	CM13-0038013		
Date Assigned:	12/18/2013	Date of Injury:	05/03/2012
Decision Date:	02/03/2014	UR Denial Date:	10/03/2013
Priority:	Standard	Application Received:	10/24/2013

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 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 27-year-old female who reported injury on 05/03/2012. The patient's diagnoses were noted to include right knee pain, rule out internal derangement, rule out loose body right knee, right knee status post arthroscopy with partial medial meniscectomy, right knee status post medial meniscal tear, and contracture right knee. The request was made for an arthroscopy, knee, diagnostic, with or without synovial biopsy (separate procedure.)

IMR ISSUES, DECISIONS AND RATIONALES

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

Arthroscopy, Knee, Diagnostic, with or without Synovial Biopsy (Separate Procedure):
Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee & Leg Chapter, Diagnostic Arthroscopy, online version

Decision rationale: California MTUS and ACOEM are silent regarding diagnostic arthroscopy. Official Disability Guidelines indicate the criteria for a diagnostic arthroscopy includes conservative care with medications or physical therapy plus subjective clinical findings including

pain and functional limitations continue despite conservative care and that imaging findings are inconclusive. Clinical documentation submitted for review failed to provide the patient had an MRI. The patient was noted to have positive quadriceps atrophy, medial and lateral joint line tenderness, a positive patellofemoral facet tenderness, and positive McMurray test. However, clinical documentation submitted for review failed to indicate the conservative care the patient had and failed to provide the patient had functional limitations. Additionally, the request failed to indicate the knee that was to be operated on. Given the above, the request for arthroscopy, knee, diagnostic, with or without synovial (separate procedure) is not medically necessary.