

Case Number:	CM13-0038449		
Date Assigned:	12/18/2013	Date of Injury:	12/21/2012
Decision Date:	02/28/2014	UR Denial Date:	09/30/2013
Priority:	Standard	Application Received:	10/25/2013

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 46-year-old female who sustained an injury to the left knee in a work related accident on 11/21/12. Clinical records for review revealed a 10/11/13 follow up assessment noting continued complaints of pain about the left knee. The physical examination revealed 15 to 115 degrees range of motion, a valgus deformity, positive crepitation, positive patellar grind, and McMurray's testing. The record noted that the patient was treated conservatively with a brace, corticosteroid injection, transcutaneous electrical nerve stimulation (TENS) unit, medication management and therapy. Formal report of a magnetic resonance imaging (MRI) scan to the knee was not available for review. The treating physician documented that the MRI revealed "mild osteoarthritis", but indicated that it was not "bad enough to require any kind of surgery." There was no documentation of any other internal finding.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left knee arthroscopy with debridement and synovectomy: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, knee procedure, which is not part of the MTUS.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, knee procedure, which is not part of the MTUS.

Decision rationale: Official Disability Guidelines do not recommend left knee arthroscopy for debridement with a diagnosis of osteoarthritis. Guidelines in regards to surgical processes for osteoarthritis indicates that the knee arthroscopy for the above diagnosis has no optimal benefit or added benefit above optimized physical therapy and medical treatment alone. In this case, based on the medical records submitted for review which included the patient's imaging and current diagnosis and that guidelines do not recommend surgery for osteoarthritis, the requested procedure is not medically necessary. The request for left knee arthroscopy with debridement and synovectomy is not medically necessary and appropriate.

Pre-operative medical clearance/labs: 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.