

Case Number:	CM13-0041878		
Date Assigned:	12/20/2013	Date of Injury:	07/01/1993
Decision Date:	03/07/2014	UR Denial Date:	10/01/2013
Priority:	Standard	Application Received:	10/30/2013

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 Family Practice, 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. 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 52-year-old who reported a work related injury on 07/01/1993, specific mechanism of injury not stated. Subsequently, the patient presents for treatment of the following diagnosis, advanced osteoarthritis of the right knee. Clinical note dated 09/23/2013 reports the patient was seen under the care of [REDACTED]. The provider documents the patient received minimal response from a previous injection about the knee. The patient is deferring total knee replacement. The patient requested arthroscopic debridement to improve his range of motion as well as relieve some of his pain. Upon physical examination of the patient's right knee, there was no effusion noted but the patient's range of motion was restricted, at 20 degrees of flexure contracture to 95 degrees of flexion. The provider recommended arthroscopic debridement about the right knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right knee arthroscopy, with osteophyte removal and debridement of scar tissue: 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 Official Disability Guidelines (ODG), Knee and Leg Chapter.

Decision rationale: The Physician Reviewer's decision rationale: Official Disability Guidelines indicates arthroscopic surgery for osteoarthritis is not recommended, arthroscopic lavage and debridement in patients with osteoarthritis of the knee is no better than placebo surgery and arthroscopic surgery provides no additional benefit compared to optimized physical and medical therapy. The request for right knee arthroscopy, osteophyte removal and debridement of scar tissue is not medically necessary or appropriate.

Post-op physical therapy of the right knee:

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 or appropriate.