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| Case Number: | CM13-0054066 | | |
| Date Assigned: | 12/30/2013 | Date of Injury: | 06/21/2011 |
| Decision Date: | 03/24/2014 | UR Denial Date: | 10/11/2013 |
| Priority: | Standard | Application Received: | 11/19/2013 |

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 54-year-old female who reported an injury on 06/21/2011. The mechanism of injury was not provided; however, the injuries were sustained to her right hip and knee. The patient initially received anti-inflammatories and physical therapy and returned to work on modified duties. Despite conservative care, the patient continued to complain of right hip pain and therefore, she received a corticosteroid injection on an unknown date, providing significant improvement. With persistent symptoms, the patient was referred for an MRI of the right hip that revealed labral degeneration and mild osteoarthritic changes. She received an intra-articular cortisone injection on an unknown date; this time it did not relieve her pain. She then underwent a right hip arthroscopy with labral debridement and acetabular and femoral osteochondroplasties on 07/10/2012, with significant benefit. The patient continued working throughout her treatment until 02/2013. Since her right hip surgery, she has been experiencing increased pain to the right knee. The patient exhibited symptoms of a meniscal tear to include a positive McMurray's test and tenderness over the medial joint line area. An MRI was then performed and identified a tear within the posterior horn of the medial meniscus, small joint effusion, and edematous marrow changes within the medial aspect of the distal femur. This MRI was performed on 06/14/2013. The clinical information submitted for review suggested that the patient was referred for physical therapy to the knee; however, it is unclear how many sessions she received, as the only note included is the initial evaluation. The most recent clinical note is dated 11/27/2013 and revealed that the patient had tenderness over the medial joint line of the left knee, full range of motion, no instability or weakness, and a positive McMurray's test to the medial joint line. There was no other clinical information submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Diagnostic Knee Arthroscopy, with or without synovial biopsy: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation (ODG) Official Disability Guidelines.

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

Decision rationale: The Physician Reviewer's decision rationale: Although the California MTUS/ACOEM Guidelines do not recommend surgical consideration before 1 month of conservative care, they do not specifically address diagnostic arthroscopy. Therefore, the Official Disability Guidelines were supplemented. The ODG states that diagnostic arthroscopies are indicated when patients have failed conservative care, to include medications or physical therapy; when there are subjective complaints of pain and functional limitations despite conservative care; and when imaging findings are inconclusive. As the clinical information submitted for review, to include MRI of the left knee and clinical notes, are, in fact, conclusive in their findings of a meniscal tear, it is unclear why a diagnostic arthroscopy was requested. Although the patient is reported to have failed conservative care and has subjective complaints of pain and functional limitations, the imaging study is conclusive, and therefore, a diagnostic arthroscopy is not warranted. As such, the request for diagnostic knee arthroscopy, with or without synovial biopsy is non-certified.