

Case Number:	CM13-0055380		
Date Assigned:	12/30/2013	Date of Injury:	01/06/2009
Decision Date:	06/05/2014	UR Denial Date:	11/01/2013
Priority:	Standard	Application Received:	11/20/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Orthopedic Surgeon 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 expert 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 reported an injury on 01/06/2009. The mechanism of injury was noted to be the patient was locking a glass door from the inside, and turned and tripped over a box. Clinical documentation indicated the patient had decreased range of motion. There was lack of documentation of a legible note, as the note was handwritten for 10/22/2013 and difficult to read. The request was made for a right knee arthroscopy. The patient's diagnosis was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

RIGHT KNEE ARTHROSCOPY: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee Chapter.

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

Decision rationale: ACOEM Guidelines indicate that a surgical consultation is appropriate for patients with activity limitation for more than 1 month and failure of exercise programs, to increase range of motion. There was a lack of documentation of specific procedures that were being requested. As such, there could be no application of specific guidelines to support the

necessity for a right knee arthroscopy. Additionally, there was a lack of documentation of legible objective functional deficits, and objective findings, and documentation of the patient's prior conservative treatment and any MRI that was performed. Given the above, the request for right knee arthroscopy is not medically necessary and appropriate.