

Case Number:	CM13-0059815		
Date Assigned:	12/30/2013	Date of Injury:	05/17/2002
Decision Date:	04/03/2014	UR Denial Date:	11/20/2013
Priority:	Standard	Application Received:	12/02/2013

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 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 48-year-old female who reported an injury to her left knee on 5/17/02 due to a slip. It was documented in 2004 that the patient was unable to participate in physical therapy due to environmental limitations. It was determined that surgical intervention would not be appropriate for that patient at that time. The patient underwent an MRI of the left knee in June 2002 that revealed no evidence of a meniscal tear or ligamentous injury. An MRI of the left knee in December 2002 noted that the patient had evidence of degeneration of the medial meniscus; however, there was no evidence of a definite tear. The patient's most recent clinical documentation noted that she has continued pain complaints that have been recalcitrant to medications and activity modifications. The patient's medications include ibuprofen and Norco.

IMR ISSUES, DECISIONS AND RATIONALES

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

left knee arthroscopy: 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: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 341-343. Decision based on Non-MTUS Citation Official Disability Guidelines

Decision rationale: The ACOEM recommends surgical intervention for patients who have significant activity limitations due to deficits identified with physical examination findings and corroborated by an imaging study. The clinical documentation submitted for review includes an imaging study from over 10 years ago that provided evidence of possible degeneration of the meniscus. However, the patient's most recent clinical documentation does not provide any significant deficits that would require surgical intervention. The Official Disability Guidelines recommend diagnostic arthroscopy for patients who have inconclusive examination findings that have been recalcitrant to conservative therapy. The clinical documentation was indicated that the patient has been conservatively treated with activity modifications and medications. The documentation submitted for review does not clearly identify that the patient has participated in any active therapy to assist in pain resolution. Additionally, as there are no significant deficits that would be unrelated to degenerative changes of the knee that were identified in the previous MRI, the need for arthroscopic exploration is not clearly identified within the documentation. As such, the requested left knee arthroscopy is not medically necessary or appropriate.