

Case Number:	CM13-0060645		
Date Assigned:	12/30/2013	Date of Injury:	03/23/2011
Decision Date:	06/27/2014	UR Denial Date:	11/19/2013
Priority:	Standard	Application Received:	12/04/2013

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 Surgery, and is licensed to practice in Florida. 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 claimant sustained an industrial work injury on 03/23/2011. The mechanism of injury was not provided for review. Operative report dated 07/24/12 indicated the patient undergoing left medial and lateral meniscectomy. Clinical note dated 06/19/13 indicated the patient previously undergoing left knee unicompartmental arthroplasty. The patient showed 0-120 degrees of range of motion at the knee. Therapy note dated 08/20/13 indicated the patient completing seven physical therapy sessions to date. The patient demonstrated -1-135 degrees of range of motion at the left knee and 4+/5 strength at quadriceps. Clinical note dated 09/06/13 indicated the patient completing full 12 sessions of post-operative physical therapy. Therapy note dated 10/31/13 indicated the patient completing additional four sessions. Clinical note dated 11/04/13 indicated the patient demonstrating 0-125 degrees of range of motion. Diffuse joint line tenderness was identified. The patient was ambulating with an antalgic gait. The treating provider has requested a left knee arthroscopy with evaluation of the lateral compartment and partial meniscectomy and chondroplasty if indicated-possible synovectomy.

IMR ISSUES, DECISIONS AND RATIONALES

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

KNEE ARTHROSCOPY WITH EVALUTAION OF THE LATERAL COMPARTMENT AND PARTIAL MENISECTOMY AND CHONDROPLASTY IF INDICATED-POSSIBLE SYNOVECTOMY: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Diagnostic Arthroscopy

Decision rationale: The request for left knee arthroscopy with evaluation of lateral compartment and partial meniscectomy with chondroplasty if indicated and possible synovectomy is non-certified. Clinical documentation indicates the patient complaining of left knee pain despite previous meniscectomy and arthroplasty. Diagnostic arthroscopy would be indicated provided that the patient meets specific criteria, including imaging studies confirming inconclusive findings. No recent imaging studies were submitted confirming the need for a diagnostic procedure at the left knee. Without current imaging studies supporting the need for diagnostic procedure this request is not indicated as medically necessary.