

Case Number:	CM13-0061028		
Date Assigned:	12/30/2013	Date of Injury:	07/28/2013
Decision Date:	04/03/2014	UR Denial Date:	11/25/2013
Priority:	Standard	Application Received:	12/04/2013

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 Alaska and 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 43-year-old female who reported an injury on 07/28/2013 after she pulled a bedridden patient and sustained an injury to her left knee. The patient underwent a left knee MRI in 08/2013 that documented there was a small knee joint effusion with evidence of degenerative joint disease without evidence of a meniscal tear or a cruciate or collateral ligament damage. The patient's treatment history included non-steroidal anti-inflammatory drugs, knee immobilization with a brace, and a home exercise program. The patient's most recent clinical examination findings documented that the patient had persistent knee pain interfering with her abilities to participate in some activities of daily living. Physical findings included tenderness to palpation over the mid medial and lateral joint lines with range of motion described as 0 degrees in extension and 90 degrees in flexion without evidence of laxity. The patient's diagnosis included left knee patella arthritis. The patient's treatment plan included Synvisc injections and a home exercise program.

IMR ISSUES, DECISIONS AND RATIONALES

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

Diagnostic arthroscopic surgery: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343-345. Decision based on Non-MTUS Citation ODG (Knee Chapter); ODG (Low Back -Lumbar & amp; Thoracic (Acute & amp; Chronic) Chapter); ACC/AHA 2007 Guidelines on perioperative cardiovascular evaluation and care for noncardiac surgery

MAXIMUS guideline: Decision based on MTUS ACOEM Page(s): 343-345. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee and Leg Chapter, Diagnostic Arthroscopy

Decision rationale: The MTUS/ACOEM Guidelines recommend surgical interventions for knee problems for patients who have significant deficits upon physical examination that have been recalcitrant to conservative measures. The clinical documentation indicates that the patient has participated in a home exercise program. However, the efficacy of that program was not established prior to the request for surgical intervention. Additionally, it was noted that the patient had significant relief from a corticosteroid injection. However, there is no documentation that the patient has participated in any formal supervised skilled active therapy to assist with pain control and restoration of range of motion deficits. There is no documentation that the patient's deficits severely limit the patient's ability to participate in activities of daily living. The Official Disability Guidelines only recommend diagnostic arthroscopic surgery for patients who have inconclusive imaging studies. The clinical documentation included an imaging study that clearly identified degenerative joint disease, ligament or meniscal damage. Therefore, the need for diagnostic arthroscopy is not clearly indicated within the documentation. As such, the requested diagnostic arthroscopic surgery is not medically necessary or appropriate.

Preoperative clearance: Upheld

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.