

Case Number:	CM13-0063599		
Date Assigned:	12/30/2013	Date of Injury:	05/01/2010
Decision Date:	06/19/2014	UR Denial Date:	11/20/2013
Priority:	Standard	Application Received:	12/10/2013

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 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 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 injured worker is a 51-year-old male who reported an injury on 05/01/2010. The mechanism of injury was the injured worker twisted his left knee while getting off of an airplane. The injured worker has undergone left knee arthroscopic surgeries in 2010 and twice in 2011. The injured worker had an ACL reconstruction on 06/14/2012. The diagnosis was arthrofibrosis in the left knee and left knee pain syndrome. There was no DWC Form RFA, nor PR-2 submitted for the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

DIAGNOSTIC ARTHROSCOPY WITH POSSIBLE LATERAL RELEASE FOR THE LEFT KNEE: 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), Knee & Leg Chapter, Diagnostic arthroscopy, Lateral retinacular release.

Decision rationale: Official Disability Guidelines indicate the criteria for diagnostic arthroscopy includes the injured worker must have medications or physical therapy and pain and functional

limitations despite conservative care, plus imaging clinical findings that are inconclusive and the criteria for a lateral retinacular release includes physical therapy or medications, plus knee pain with sitting pain with patellofemoral movement, or recurrent dislocations, plus lateral tracking of the patella or recurrent effusion, or patellar apprehension, or synovitis with or without crepitus, or increased Q-angle greater than 15 degrees, plus abnormal patellar tilt on x-ray, CT, or MRI. There was no DWC Form RFA, nor PR-2, nor radiologic findings submitted for review. Given the above, the request for a diagnostic arthroscopy with possible lateral release for the left knee is not medically necessary.