

Case Number:	CM13-0065280		
Date Assigned:	01/03/2014	Date of Injury:	05/05/2010
Decision Date:	04/21/2014	UR Denial Date:	12/03/2013
Priority:	Standard	Application Received:	12/13/2013

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 Texas, Indiana, Michigan and Nebraska. 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 is a 49-year-old female who reported an injury on 05/05/2010 due to cumulative trauma while performing normal job duties. The patient reportedly injured her cervical spine, lumbar spine, bilateral knees, and right shoulder. The patient underwent left knee arthroscopy in 10/2010 and right knee arthroscopy in 2011 followed by postoperative physical therapy without complete resolution of symptoms. The patient also underwent right shoulder arthroscopy in 04/2013 followed by postoperative physical therapy. The patient's most recent clinical evaluation submitted for review documented that the patient had completed physical therapy. It was noted that the patient had undergone an MRI (magnetic resonance imaging) in 09/2011 that documented there was a meniscus tear to the right knee. The patient's treatment plan included continuation of physical therapy for the right shoulder.

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

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

Decision rationale: The request as it is written would be considered vague as it does not specifically identify what type of surgical procedure would be performed during the left knee arthroscopy. The Official Disability Guidelines (ODG) recommends diagnostic arthroscopy for patients who have failed conservative treatment and when imaging studies are inconclusive. The clinical documentation submitted for review does not provide any evidence of recent imaging studies that would indicate the need for a diagnostic arthroscopy. Additionally, there is no documentation that the patient has failed to respond to any recent conservative therapy of the left knee. Also, the patient's most recent clinical evaluation does not provide any evaluation of the left knee that would provide evidence of deficits that would require surgical intervention. As such, the requested left knee arthroscopy is not medically necessary or appropriate.