

Case Number:	CM13-0065638		
Date Assigned:	05/07/2014	Date of Injury:	06/22/2012
Decision Date:	06/12/2014	UR Denial Date:	11/12/2013
Priority:	Standard	Application Received:	12/12/2013

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 patient is a 59-year-old gentleman who injured his left knee and low back on 06/22/12 in work related accident. Specific to the left knee, there is documentation of an MRI report of 09/21/13 showing a tear to the body and posterior horn of the medial meniscus with severe chondromalacia of the patella, trace joint effusion and chondral thinning of the medial femoral condyle. The report of the clinical visit on 11/01/13 noted continued complaints of left knee pain. The examination findings were documented as restricted strength of the left lower extremity with knee flexion and extension, tenderness about the medial joint line and a positive McMurray's and Apley's tests. No laxity was noted. Based on failed conservative care, the recommendation was made for arthroscopy and debridement of the left knee and meniscectomy. There is no documentation of specific left knee conservative care.

IMR ISSUES, DECISIONS AND RATIONALES

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

ASSISTANT SURGEON: 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: The proposed surgery cannot be recommended as medically necessary. Therefore, the request for an assistant surgeon for a knee arthroscopy is not necessary.

LEFT KNEE ARTHROSCOPY AND DEBRIDEMENT: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 1021-1022. Decision based on Non-MTUS Citation ODG Knee and Leg (updated 6/7/13) Knee joint replacement, ODG Indications for Surgery - Knee arthroplasty

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 344-345.

Decision rationale: Based on California ACOEM Guidelines, knee arthroscopy and debridement cannot be supported. The documentation indicates that the claimant has advanced underlying degenerative change in his knee. There is also no current documentation of recent conservative care provided for the claimant's symptoms. Based upon the ACOEM Guidelines and the documentation that the claimant has underlying degenerative findings, the knee arthroscopy and debridement is not recommended as medically necessary.