

Case Number:	CM13-0068959		
Date Assigned:	01/03/2014	Date of Injury:	12/11/2012
Decision Date:	05/08/2014	UR Denial Date:	11/21/2013
Priority:	Standard	Application Received:	12/20/2013

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:

This is a 34-year-old male who was injured in a work related accident on 12/11/12. Medical records provided for review specific to the claimant's right knee documented continued complaints of pain. The report of an MRI dated 01/10/13 showed bony contusion to the lateral tibial plateau with a low grade medial collateral ligament strain and moderate chondral fissuring at the lateral femoral condyle. The clinical assessment on November 6, 2013 indicated continued complaints of pain in the right knee and notes that the claimant recently received bilateral knee injections. Physical examination specific to the claimant's right knee noted 0 to 135 degrees range of motion with no palpable masses, tenderness to the joint line bilaterally with positive Apley's testing. The claimant's working diagnosis was bilateral knee strains with temporary relief from injections. Based on continuing right knee complaints, arthroscopic surgery was recommended. There was no other imaging available for review or documentation of further treatment other than medication management.

IMR ISSUES, DECISIONS AND RATIONALES

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

RIGHT KNEE ARTHROSCOPY TO BE SCHEDULED AS AN OUTPATIENT PROCEDURE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints.
Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

Decision rationale: The CA MTUS and ACOEM Guidelines do not address this request. According to the Official Disability Guidelines (ODG), "...arthroscopy is only recommended in case of complications from OATS or ACI procedures, to assess how the repair is healing, or in individual cases that are ethically defensible for scientific reasons, only after a thorough and full informed consent procedure. (Vanlauwe, 2007) In patients with osteoarthritis, the value of MRI for a precise grading of the cartilage is limited, compared to diagnostic arthroplasty. When the assessment of the cartilage is crucial for a definitive decision regarding therapeutic options in patients with osteoarthritis, arthroscopy should not be generally replaced by MRI. The diagnostic values of MRI grading, using arthroscopy as reference standard, were calculated for each grade of cartilage damage. For grade 1, 2 and 3 lesions, sensitivities were relatively poor, whereas relatively better values were noted for grade 4 disorders." Furthermore, the ODG Criteria for diagnostic arthroscopy list the following, 1) Conservative Care: Medications or physical therapy; Plus 2) Subjective Clinical Findings of Pain and functional limitations continue despite conservative care; Plus 3) Imaging Clinical Findings: Imaging is inconclusive. The exact need for operative intervention in this case has not been clarified based on negative imaging report. At present, the claimant's imaging would not be considered inconclusive, it would be considered negative for surgical findings or pathology. The specific request for arthroscopy at this stage in the claimant's clinical course of care would thus not be indicated. The request for right knee arthroscopy to be scheduled as an outpatient procedure is not medically necessary and appropriate.