

Case Number:	CM14-0001272		
Date Assigned:	01/22/2014	Date of Injury:	05/25/1989
Decision Date:	07/16/2014	UR Denial Date:	12/30/2013
Priority:	Standard	Application Received:	01/03/2014

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. 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 61-year-old male who reported an injury on 05/25/1989 after he stood up from a kneeling position and reportedly had a sudden onset of right knee pain. The injured worker ultimately underwent right knee replacement in 08/2013. The injured worker was evaluated by the requesting physician on 10/16/2013. However, no physical examination of the left knee was provided for review during that appointment. This is the most recent clinical documentation submitted for review by the prescribing physician listed on the IMR request.

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): 347.

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

Decision rationale: The requested left knee arthroscopy is not medically necessary or appropriate. The American College of Occupational and Environmental Medicine recommends surgical intervention for the knee be supported by documentation of significant functional deficits with clear physical findings of a lesion supported by an imaging study that has failed to

respond to conservative treatments and would respond to surgical intervention. The clinical documentation submitted for review does indicate that the injured worker previously underwent total knee arthroplasty of the right knee followed by postoperative physical therapy. However, there is no documentation that the injured worker has undergone any conservative care directed towards the left knee. Additionally, no imaging study of the left knee was provided. There was no recent clinical evaluation of the left knee provided to support the need for surgical intervention. Furthermore, the request does not specifically identify what type of surgical intervention is being requested. In the absence of this information, the appropriateness of the request itself cannot be determined. As such, the requested left knee arthroscopy is not medically necessary or appropriate.

INPATIENT STAY AT HOSPITAL (DAYS) QUANTITY: 3: 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: As the requested surgical intervention is not supported by the documentation, the requested ancillary service is also not supported.