

Case Number:	CM14-0002629		
Date Assigned:	01/29/2014	Date of Injury:	02/03/2011
Decision Date:	06/19/2014	UR Denial Date:	12/23/2013
Priority:	Standard	Application Received:	01/07/2014

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 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 46 year old male who reported an injury on 02/03/2011. The mechanism of injury was not stated. The current diagnosis is status post left knee arthroscopy with ongoing symptoms. The injured worker was evaluated on 02/03/2011. The injured worker reported persistent left knee pain. Previous conservative treatment includes physical therapy. Physical examination revealed a slow gait with 0 to 95 degree range of motion. Treatment recommendations at that time included a re-evaluation for a possible left knee surgery.

IMR ISSUES, DECISIONS AND RATIONALES

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

LEFT KNEE ARTHROSCOPY, LYSIS OF ADHESIONS, CHONDROPLASTY OF PATELLA: 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 MTUS: AMERICAN COLLEGE OF OCCUPATIONAL AND ENVIRONMENTAL MEDICINE (ACOEM) 2ND EDITION (2004), KNEE COMPLAINTS, 343-345.

Decision rationale: The injured worker is a 46 year old male who reported an injury on 02/03/2011. The mechanism of injury was not stated. The current diagnosis is status post left knee arthroscopy with ongoing symptoms. The injured worker was evaluated on 02/03/2011. The injured worker reported persistent left knee pain. Previous conservative treatment includes physical therapy. Physical examination revealed a slow gait with 0 to 95 degree range of motion. Treatment recommendations at that time included a re-evaluation for a possible left knee surgery.