

<b>Case Number:</b>	CM14-0009898		
<b>Date Assigned:</b>	02/21/2014	<b>Date of Injury:</b>	08/22/2011
<b>Decision Date:</b>	06/25/2014	<b>UR Denial Date:</b>	01/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/27/2014

### 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, has a subspecialty in Hand 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 claimant is a 65-year-old female who was injured in a work related accident on August 22, 2011, when she tripped and fell experiencing acute bilateral hand and knee pain. The medical records provided for review pertaining to the claimant's right knee include a 2012 report of plain film radiographs identifying severe medial compartment joint space narrowing. The progress report of December 6, 2013 noted continued complaints of pain with examination findings of an antalgic gait, medial joint line tenderness, and positive McMurray's testing. No other imaging reports were provided for review. The progress report documented that the claimant has failed conservative care and surgery for knee arthroscopy and debridement was recommended.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **RIGHT KNEE ARTHROSCOPY AND DEBRIDEMENT:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: ACOEM, CHAPTER 13, KNEE COMPLAINTS,

**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), 13, 344-345

**Decision rationale:** Based on California ACOEM Guidelines, the request for right knee arthroscopy and debridement cannot be recommended as medically necessary. The records provided for review reveal that the claimant has advanced degenerative arthritis based on plain film radiographs from 2012. The California ACOEM Guidelines clearly state that surgical intervention in the form of arthroscopy in the setting of advanced degenerative arthritis yields less than optimal outcomes. There is no other documentation or imaging reports to identify a surgical lesion that would support the proposed procedure. Therefore, based on the ACOEM Guidelines and the records provided for review, the request for right knee arthroscopy and debridement cannot be supported.