

<b>Case Number:</b>	CM14-0102398		
<b>Date Assigned:</b>	07/30/2014	<b>Date of Injury:</b>	05/11/2011
<b>Decision Date:</b>	09/09/2014	<b>UR Denial Date:</b>	06/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/02/2014

### 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 Orthopaedic 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 55-year-old female patient sustained an industrial injury on 5/11/11. Injury occurred when she fell out of her chair and injured her left knee. The patient was status post left knee arthroscopy with partial medial meniscectomy, loose body removal, and chondroplasty on 9/16/11, left total knee arthroplasty on 2/21/12, and manipulation under anesthesia of the left knee replacement on 4/12/12. The 6/04/14 treating physician report cited continued moderate to occasional severe pain aching and burning left knee pain. She felt a band of pain in the left leg, radiating from the buttocks to the ankle. She reported decreased range of motion. Physical exam documented left knee range of motion 0-90 degrees, tenderness over the plica and peripatellar area, and positive clunk and crepitation with extension. X-rays showed a well-placed total knee arthroplasty. Undated MRI showed left knee medial meniscus tear, bone edema, and loose body in the anterior and posterior compartment. Range of motion was improved but was worsening with pain. She was working full duty with accommodation. The treatment plan recommended left knee diagnostic arthroscopy with scar tissue resection. The 6/20/14 utilization review denied the request for left knee diagnostic arthroscopy as there was no imaging documented since the most recent surgery. Multiple episodes of physical therapy are documented but there is no detail regarding recent treatment.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Left Knee Diagnostic Arthroscopy with Scar Tissue Resection: Upheld**

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg, Diagnostic arthroscopy.

**Decision rationale:** The California MTUS state that surgical consideration may be indicated for patients who have activity limitation for more than one month and failure of exercise programs to increase range of motion and strength of the musculature around the knee. The Official Disability Guidelines recommend diagnostic arthroscopy when clinical indications are met. Indications include medications or physical therapy, plus pain and functional limitations despite conservative treatment, and imaging is inconclusive. Guideline criteria have not been met. There is no detailed documentation that recent comprehensive pharmacological and non-pharmacological conservative treatment had been tried and failed. There is no indication that imaging has been repeated since the last surgery. Therefore, the request for left knee diagnostic arthroscopy with scar tissue resection is not medically necessary.