

Case Number:	CM14-0102592		
Date Assigned:	07/30/2014	Date of Injury:	09/18/2012
Decision Date:	08/29/2014	UR Denial Date:	06/26/2014
Priority:	Standard	Application Received:	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 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 claimant is a 62-year-old female injured on September 18, 2012. The records available for review documents injury to the bilateral knees and low back, but are specific to the claimant's left knee. The reports of the December 27, 2012 MRI scan showed medial meniscal tearing and significant osteophyte formation of the patellofemoral joint. Notes from a March 3, 2014 assessment document complaints of knee pain. Physical examination showed patellofemoral crepitation, no effusion, negative McMurray's testing and mild to moderate medial and lateral joint line tenderness. A May 5, 2014 follow-up report describes knee complaints that are greater on the left than on the right, but physical examination findings were characterized as unchanged. The claimant's current diagnosis is Tricomartmental Degenerative Arthritis of the Left Knee; recent conservative care is not documented. Based on mechanical symptoms, this request is for a left knee arthroscopy with possible arthrotomy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient left knee arthroscopy and possible arthrotomy: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines-Meniscus tear.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints
Page(s): 344-345.

Decision rationale: Based on California MTUS ACOEM Guidelines left knee arthroscopy with possible arthrotomy would not be indicated in claimants whose clinical presentation is consistent with degenerative arthritis. ACOEM Guidelines maintain that arthroscopy may not be equally beneficial. Given injured worker diagnosis the request for arthroscopy with possible arthrotomy is not medically necessary.