

Case Number:	CM14-0106409		
Date Assigned:	07/30/2014	Date of Injury:	02/24/2011
Decision Date:	09/03/2014	UR Denial Date:	07/02/2014
Priority:	Standard	Application Received:	07/09/2014

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 Surgeon, and has a subspecialty in Pediatric Orthopedics and is licensed to practice in Texas and Colorado. 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 55-year-old male who reported an injury on 02/24/2011 due to a fall. The injured worker reportedly sustained an injury to his bilateral knees. The injured worker's treatment history included medications, physical therapy, and injections. The injured worker underwent an MRI of the left knee dated 12/11/2013 that concluded there was tricompartmental osteoarthritic changes associated with joint effusion, a Baker's cyst and an oblique tear at the medial meniscus. The injured worker's surgical history included right shoulder rotator cuff repair, left knee arthroscopy on 10/24/2013 and right knee arthroscopy on 01/16/2013. Physical findings included normal range of motion of the left knee described as 0 degrees in extension to 130 degrees in flexion with normal patellar reflexes, hamstring reflexes, and Achilles reflexes and normal motor strength of the lower extremity. The injured worker's diagnoses included status post bilateral knee arthroscopic surgeries and chondroplasty, bilateral knee degenerative joint disease, lumbar sprain/strain, and lumbar radiculitis. A request was made for total knee arthroplasty for the right knee. Request for left knee arthroscopy with debridement was also submitted; however, there was no justification for the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left knee arthroscopy with debridement: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 344-45.

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

Decision rationale: The requested left knee arthroscopy with debridement is not medically necessary or appropriate. The American College of Occupational and Environmental Medicine recommend knee arthroscopy for injured workers who have significant limitations identified with clinical examination findings corroborated by pathology determined in an imaging study. The clinical documentation submitted for review does indicate that the injured worker has a medial meniscus tear and tricompartmental osteoarthritis. However, the injured worker's most recent clinical examination did not provide any evidence of significant limitations that would require surgical intervention. There is no documentation of instability, limited range of motion, muscle strength weakness, or decreased reflexes resulting from the injury. Therefore, surgical intervention at this time would not be indicated. As such, the requested left knee arthroscopy with debridement is not medically necessary or appropriate.