

Case Number:	CM14-0013473		
Date Assigned:	02/26/2014	Date of Injury:	06/04/1996
Decision Date:	08/13/2014	UR Denial Date:	01/29/2014
Priority:	Standard	Application Received:	02/03/2014

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 54-year-old gentleman who injured his left knee on June 4, 1996. The records available for review indicate that the claimant had a prior anterior cruciate ligament (ACL) reconstruction. A progress report dated January 16, 2014, describes ongoing left knee complaints with swelling and states that a recent course of viscosupplementation injections for underlying degenerative arthritis produced no significant improvement. Physical examination showed tenderness to palpation both medially and laterally over the joint line, positive McMurray's testing and restricted motion from 5 to 100 degrees. The records reference no imaging studies of the left knee. This request is for a diagnostic knee arthroscopy and debridement.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left Knee Diagnostic Arthroscopic Surgery, Debridement: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 345. Decision based on Non-MTUS Citation Official Disability Guidelines-Indications for Surgery.

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 and debridement would not be supported. According to ACOEM Guidelines, arthroscopic surgery and debridement may not be equally beneficial for individuals demonstrating signs of degenerative change. In this case, the reviewed records document the diagnosis of osteoarthritis, for which the claimant has undergone recent treatment including viscosupplementation injections. Additionally, the records contain no imaging studies showing pathology that would require surgical repair. Based on the absence of imaging studies and the recommendation by the ACOEM Guidelines, this request is not medically necessary.