MAXIMUS Federal Services

Case Number:	CM14-0019773		
Date Assigned:	04/28/2014	Date of Injury:	09/29/1993
Decision Date:	07/08/2014	UR Denial Date:	01/22/2014
Priority:	Standard	Application Received:	02/18/2014

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 47-year-old female who injured her left knee on 9/29/93. The records provide for review include a 1/09/14 progress report documenting ongoing complaints of right knee pain and that the claimant's left knee was doing much better. Examination of the right knee showed a 5 degree flexion contracture, patellofemoral crepitation, mild joint effusion, positive medial and popliteal tenderness, and positive AP laxity. The claimant was noted to be status post an arthroscopic incision and drainage of the left knee. The diagnosis of the right knee was ACL tearing with osteoarthritis. Surgical intervention for therapeutic and diagnostic arthroscopy was recommended. The report notes that the claimant has failed care including injections, viscosupplementation, physical therapy, and medication management. Imaging reports for the right knee are not available for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

DIAGNOSTIC AND THERAPEUTIC RIGHT KNEE ARTHROSCOPY: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

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

Decision rationale: The California ACOEM guidelines do not support the request for a therapeutic and diagnostic arthroscopy of the right knee. The records document that the claimant's diagnosis is degenerative arthritis of the knee for which previous treatment has included viscosupplementation injections. In the setting of advanced degenerative arthritis and the absence of imaging reports for confirmation, the acute need of an arthroscopy at this chronic stage from course of injury would not be indicated. The ACOEM guidelines clearly indicate that surgical arthroscopy in the setting of advanced degenerative arthritis is not supported. The request in this case would not be indicated, and therefore is not medically necessary.

POST-OP PHYSICAL THERAPY 2 TIMES A WEEK FOR 6 WEEKS: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.