

Case Number:	CM14-0110033		
Date Assigned:	08/01/2014	Date of Injury:	02/18/2013
Decision Date:	09/22/2014	UR Denial Date:	06/24/2014
Priority:	Standard	Application Received:	07/14/2014

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 is licensed to practice in Texas, 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 32-year-old female who reported an injury on 02/18/2013. The mechanism of injury was not specifically stated. The current diagnoses include torn right ACL with medial meniscus tear, ACL reconstruction, and partial meniscectomy on 12/27/2013, and probable Cyclops lesion. The injured worker was evaluated on 06/04/2014 with complaints of weakness, mild pain, and an inability to fully extend the knee. Previous conservative treatment is noted to include physical therapy, home exercise, and medications. The physical examination on that date revealed limited range of motion, positive Lachman's and anterior drawer testing, and negative effusion. The treatment recommendations at that time included a knee arthroscopy to remove a probably Cyclops lesion from the ACL. There were no imaging studies provided for this review. The Request for Authorization form was then submitted on 06/17/2014 for excision of a Cyclops lesion.

IMR ISSUES, DECISIONS AND RATIONALES

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

Surgery: Excision Cyclops Lesion: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 343.

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

Decision rationale: The California MTUS/ACOEM Practice Guidelines state a referral for surgical consultation may be indicated for patients who have activity limitation for more than 1 month and a failure of exercise programs to increase range of motion and strength of the musculature around the knee. As per the documentation submitted, the injured worker has been previously treated with physical therapy, home exercise, and medications following the initial right knee surgery in 2013. However, there was no imaging evidence provided to support the requested surgical procedure. As such, the request is not medically necessary at this time.