

Case Number:	CM14-0110655		
Date Assigned:	08/01/2014	Date of Injury:	02/03/2010
Decision Date:	09/24/2014	UR Denial Date:	06/17/2014
Priority:	Standard	Application Received:	07/16/2014

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 Texas. 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 46-year-old male who reported an injury on 02/03/2010 due to cumulative trauma while performing normal job duties. The injured worker was evaluated on 04/03/2014. It was documented that the injured worker had bilateral knee pain complaints and low back pain. Physical findings included full range of motion of the right knee with a positive McMurray's test and lateral joint line tenderness with positive chondromalacia patellar compression test. Evaluation of the left knee demonstrated full range of motion with 2 degrees of varus deformity, a positive McMurray's test, and positive medial and lateral joint line tenderness with a positive chondromalacia patella compression test. The injured worker's diagnoses included herniated discs of the cervical spine, herniated discs of the lumbar spine, right shoulder partial rotator cuff tear, right knee sprain/strain, left knee sprain/strain, left knee hand fracture, and right elbow lateral epicondylitis. A request was made for a left knee arthroscopic surgery.

IMR ISSUES, DECISIONS AND RATIONALES

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

Internal medicine evaluation for surgical clearance: 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.

Left knee scope arthroscopic surgery: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee and leg chapter: Diagnostic arthroscopy.

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

Decision rationale: The requested left knee scope arthroscopic surgery is not medically necessary or appropriate. The American College of Occupational and Environmental Medicine recommends surgical intervention for knee injuries be supported by clearly documented examination findings supported by pathology identified on an imaging study that has failed to respond to nonoperative conservative treatments. The clinical documentation submitted for review does indicate that the injured worker has left knee findings of a medial and lateral meniscal tear. Although the clinical documentation submitted for review does indicate that the injured worker underwent an magnetic resonance imaging (MRI) of the left knee that identified pathology consistent with examination findings, an independent report of this MRI was not provided for review. Furthermore, the clinical documentation submitted for review did not adequately address the injured worker's conservative treatment history. Also, the request as it is submitted does not clearly identify the surgical procedure being requested. In the absence of this information, the appropriateness of the request itself cannot be determined. As such, the requested left knee scope arthroscopic surgery is not medically necessary or appropriate.