

Case Number:	CM14-0114867		
Date Assigned:	08/04/2014	Date of Injury:	12/23/1996
Decision Date:	09/24/2014	UR Denial Date:	07/16/2014
Priority:	Standard	Application Received:	07/23/2014

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. 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 59-year-old female who reported an injury on 12/23/1996 secondary to a fall. Her current diagnosis is bilateral knee sprain with possible internal derangement. The injured worker was evaluated on 07/11/2014 with complaints of increasing pain and instability of the left knee. The injured worker is noted to have undergone a right knee arthroscopy in 02/2014. Previous conservative treatment is noted to include medications, home exercise, and physical therapy. The current medication regimen includes Tylenol and Skelaxin 800 mg. Physical examination revealed 0 to 130 degrees flexion, no acute neurological changes, negative instability, normal motor strength, and positive straight leg raising. X-rays obtained in the office on that date indicated no acute changes of the right knee. Treatment recommendations included a left knee arthroscopy, an MRI of the left knee, and continuation of the current medication regimen and home exercise program. A Request for Authorization form was submitted on 07/08/2014 for a left knee arthroscopy with preoperative medical clearance. It is noted that the injured worker underwent an MRI of the left knee on 08/06/2014, which indicated a large area of absent lateral meniscal tissue, slight blunting of the inner surface of the anterior aspect of the body of the medial meniscus, tricompartmental degenerative changes, and small joint effusion.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient Left knee arthroscopy: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation CAMTUS: 2010 Revision, Web Edition Official Disability Guidelines (ODG): Chapter Knee/leg, Web Edition.

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

Decision rationale: 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 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 treated with medications, home exercise, and physical therapy. The injured worker's MRI of the left knee does indicate a large area of absent lateral meniscal tissue with a possible medial meniscus tear, tricompartmental changes, and small joint effusion. However, the injured worker's physical examination on the requesting date revealed 0 to 130 degree flexion with negative instability, normal motor strength, and no acute neurological changes. There was no documentation of a significant musculoskeletal deficit or functional limitation upon physical examination. Therefore, the current request for Left knee arthroscopy cannot be determined as medically appropriate at this time.

Preoperative medical clearance: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation CAMTUS: 2010 Revision, Web Edition Official Disability Guidelines (ODG): Chapter Knee/leg, Web Edition.

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

Decision rationale: As the injured worker's surgical procedure has not been authorized, the current request for Preoperative medical clearance is also not medically necessary or appropriate.