

Case Number:	CM14-0115154		
Date Assigned:	08/04/2014	Date of Injury:	02/16/2011
Decision Date:	09/10/2014	UR Denial Date:	07/10/2014
Priority:	Standard	Application Received:	07/22/2014

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 48-year-old male who reported an injury on 02/16/2011. The mechanism of injury was not stated. Current diagnoses include internal derangement of the right knee, grade 3 chondromalacia, internal derangement of the left knee, discogenic lumbar condition, weight gain, depression, anxiety, and sleep disorder. The only clinical note submitted for this review is documented on 07/16/2014. The injured worker reported persistent 8/10 left knee pain. The current medication regimen includes Norco and Flexeril. It was noted that the injured worker was previously treated with a Hyalgan injection into the right knee and a cortisone injection into the bilateral knees. Physical examination revealed no acute distress, 180 degree extension and 110 degree flexion bilaterally. Treatment recommendations included continuation of the current medication regimen and a left knee brace. It is noted that a previous request for a left knee meniscectomy, chondroplasty, and synovectomy was denied.

IMR ISSUES, DECISIONS AND RATIONALES

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

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): 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 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 a Hyalgan injection into the right knee and cortisone injection into the bilateral knees. The current request does not specify whether the requested knee arthroscopy is for the left knee or the right knee. The injured worker's physical examination does not reveal a significant musculoskeletal or neurological deficit. There were no imaging studies provided for this review. As the medical necessity has not been established, the request for Knee Arthroscopy is not medically necessary.