

|                       |              |                              |            |
|-----------------------|--------------|------------------------------|------------|
| <b>Case Number:</b>   | CM14-0116402 |                              |            |
| <b>Date Assigned:</b> | 08/04/2014   | <b>Date of Injury:</b>       | 01/08/2013 |
| <b>Decision Date:</b> | 09/25/2014   | <b>UR Denial Date:</b>       | 06/27/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 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 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 26-year-old male who reported an injury on 01/08/2013. The mechanism of injury was not provided. The prior therapies were not provided and surgical history were not provided. The injured worker underwent a right knee MRI without contrast on 05/25/2014, which revealed the injured worker had a posteromedial bursal effusion containing a loose body, subtle medial contusion without discrete tearing, cruciate ligament stress response, and a localized area of deep chondral fissuring in the patella. The injured worker's medications were noted to include ibuprofen 800 mg tablets and Norco 10/325. The documentation on 05/09/2014 revealed the injured worker had significant persistent symptoms in the right knee. The injured worker indicated he had increased swelling and pain in the knee with activity, and it was improved with rest and elevation. The injured worker was noted to continue wearing a brace for his knee and ankle. The injured worker was taking Norco for breakthrough pain. The injured worker was noted to be icing his right knee. The physical examination revealed the injured worker had tenderness to palpation over the medial and lateral joint lines and a positive patellar compression test at the knee. There was persistent swelling and effusion. The diagnoses included significant persistent symptoms, right knee, less so right ankle, and mild residual symptoms pain in right wrist. There was no Request for Authorization submitted to support the request.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Arthroscopy of the Right Knee:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines: Disability Duration Guidelines.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG) Knee & Leg Chapter, Diagnostic Arthroscopy.

**Decision rationale:** The Official Disability Guidelines indicate that a diagnostic arthroscopy is recommended when there has been a documented failure of medications or physical therapy plus pain and functional limitations continuing despite conservative care, and the imaging was inconclusive. The clinical documentation submitted for review indicated the injured worker had imaging studies that were conclusive. There was a lack of documentation indicating the injured worker had pain and functional limitations despite conservative care. There was a lack of documentation of conservative care with the exception of ice and medications. Given the above, the request for arthroscopy of the right knee is not medically necessary.