

Case Number:	CM14-0117083		
Date Assigned:	08/13/2014	Date of Injury:	02/25/2014
Decision Date:	09/11/2014	UR Denial Date:	07/10/2014
Priority:	Standard	Application Received:	07/24/2014

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 California. 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 claimant is a 20-year-old female who sustained an injury to the left knee on February 25, 2014. A May 26, 2014, MRI report of the left knee was negative, showing no evidence of meniscal, ligamentous or tendon pathology. No osseous abnormality was present. A June 30, 2014, progress report describes continued complaints of pain and references a November 2013 knee arthroscopy, findings undocumented. Physical examination showed medial joint line tenderness and pain with flexion and extension. The records document failed conservative care, which included medication management, activity restrictions and a course of therapy. The claimant's diagnosis is listed as internal derangement. This request is for a left knee diagnostic arthroscopy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left knee arthroscopy debridement: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee & Leg, Diagnostic arthroscopy.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 344-345. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Treatment in Worker's Comp, 18th Edition, 2013 Updates: knee procedure - Diagnostic

arthroscopy Recommended as indicated below. Second look arthroscopy is only recommended in case of complications from OATS or ACI procedures, to assess how the repair is healing, or in individual cases that are ethically defensible for scientific reasons, only after a thorough and full informed consent procedure. (Vanlauwe, 2007) In patients with osteoarthritis, the value of MRI for a precise grading of the cartilage is limited, compared to diagnostic arthroplasty. When the assessment of the cartilage is crucial for a definitive decision regarding therapeutic options in patients with osteoarthritis, arthroscopy should not be generally replaced by MRI. The diagnostic values of MRI grading, using arthroscopy as reference standard, were calculated for each grade of cartilage damage. For grade 1, 2 and 3 lesions, sensitivities were relatively poor, whereas relatively better values were noted for grade 4 disorders. (von Engelhardt, 2010) ODG Indications for Surgery -- Diagnostic arthroscopy: Criteria for diagnostic arthroscopy: 1. Conservative Care: Medications. OR Physical therapy. PLUS 2. Subjective Clinical Findings: Pain and functional limitations continue despite conservative care. PLUS 3. Imaging Clinical Findings: Imaging is inconclusive.

Decision rationale: Based on the California MTUS ACEOM Guidelines and Official Disability Guidelines, there would be no clinical indication for left knee arthroscopy in this case. The California MTUS Guidelines would support knee arthroscopy when an MRI scan finds internal pathology that would be known to benefit from operative intervention. This claimant has already undergone a left knee arthroscopy; current imaging shows no osseous, meniscal, ligamentous pathology, and physical examination shows no evidence of mechanical findings. Under the Official Disability Guidelines, diagnostic arthroscopy is indicated when imaging is inconclusive and following failed conservative measures. This claimant's imaging is not inconclusive; it is negative. Absent documentation of internal pathology, this request for left knee arthroscopy would not be supported as medically necessary under either set of guidelines.