

<b>Case Number:</b>	CM14-0117213		
<b>Date Assigned:</b>	08/04/2014	<b>Date of Injury:</b>	01/23/2012
<b>Decision Date:</b>	09/10/2014	<b>UR Denial Date:</b>	06/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	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 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 54-year-old male who reported an injury on 01/23/2012 due to an unknown mechanism of injury. The injured worker reportedly sustained an injury to his right knee. The injured worker's treatment history included ACL reconstruction. The injured worker was evaluated on 06/05/2014. It was noted that the injured worker had continued pain complaints over the inferior pole of the patella. Physical exam findings included tenderness at the inferior pole of the patella with a negative Lachman and no pivot shift. Range of motion was described as 5 degrees in extension to 125 degrees in flexion. The injured worker underwent x-rays of the right knee that noted there was an abnormality seen over the lateral distal femur and moderate tricompartmental osteoarthritis. The injured worker's diagnoses included anterior cruciate ligament rupture, and exostosis. The injured worker's treatment plan was removal of the bone spur.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Right Knee Arthroscopic Surgery-Bone spur removal:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 344.

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

**Decision rationale:** The requested right knee arthroscopic surgery bone spur removal is not medically necessary or appropriate. The American College of Occupational and Environmental Medicine recommend surgical intervention to knee injuries when there are significant activity limitations and symptomatology identified upon clinical evaluation corroborated by an imaging study that has failed to respond to conservative treatment. The clinical documentation submitted for review indicates that the injured worker is experiencing some discomfort over the patella. However, the injured worker is not working with any restrictions. There is no documentation that the injured worker's activities are significantly limited due to excessive pain complaints. Furthermore, the clinical documentation does not provide any evidence that the injured worker is participating in any type of active therapeutic rehabilitation to assist with pain control. Therefore, surgical intervention would not be supported in this clinical situation. As such, the requested right knee arthroscopic surgery/bone spur removal is not medically necessary or appropriate.