

Case Number:	CM14-0122967		
Date Assigned:	08/08/2014	Date of Injury:	03/10/2012
Decision Date:	09/11/2014	UR Denial Date:	07/21/2014
Priority:	Standard	Application Received:	08/04/2014

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 45-year-old female injured in a work related accident 03/10/12. Current clinical records for review indicate the claimant is status post a 01/03/14 manipulation under anesthesia with diagnostic arthroscopy and debridement, synovectomy to the right knee. A follow up report of 05/15/14 indicates continued complaints of pain and difficulty walking with examination showing an antalgic gait. The claimant was once again diagnosed with arthrofibrosis to the knee with ongoing degenerative change to the patellofemoral joint. Postoperative course of care has included physical therapy and medications. There is a current request for a second manipulation with possible arthroscopy versus open release of scar tissue for the right knee for further treatment. There is no documentation for previous imaging for review. Physical examination findings specific to the claimant's right knee are also not noted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Manipulation with a possible arthroscopic vs open release of any potential scar tissues 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: Knee and Leg Chapter.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints
Page(s): 343-4.

Decision rationale: Based on California MTUS ACOEM Guidelines, the role of surgical referral in this case would not be supported. There is no current documentation in this case of a lesion that has shown to benefit with both short and long term from operative intervention. There is also no postoperative imaging available for review. This individual has already undergone a prior manipulation with arthroscopic procedure in January of 2014 with no substantial or prolonged benefit in course. The claimant continues to be symptomatic. There would be no current indication for a second manipulation and arthroscopic procedure for this claimant's current clinical presentation given recent surgical process of the same nature earlier this year. Therefore the request is considered not medically necessary.