

<b>Case Number:</b>	CM14-0129115		
<b>Date Assigned:</b>	08/18/2014	<b>Date of Injury:</b>	12/08/2012
<b>Decision Date:</b>	10/02/2014	<b>UR Denial Date:</b>	08/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/13/2014

### 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 injured worker is a 52 year old male who reported an injury to his left knee. A clinical note dated 07/20/14 indicated the initial injury occurred on 12/08/12 as a result of a motor vehicle accident. The injured worker underwent arthroscopic surgery at the left knee in 01/95. The injured worker also underwent partial tricompartmental synovectomy in 12/09. A second motor vehicle accident resulted in injuries to the neck and left shoulder in 05/09. The injured worker demonstrated significant range of motion deficits in 10/12. A clinical note dated 05/09/14 indicated the injured worker continuing with left knee pain. Upon exam, the injured worker had moderate to marked effusion. The injured worker underwent operative procedure in 04/13 which revealed tricompartmental osteoarthritis. A clinical note dated 01/13/14 indicated the injured worker complaining of increasing pain and swelling, popping, and locking of the left knee. The utilization review dated 08/05/14 resulted in denial for left knee arthroscopy, arthroplasty, synovectomy, with pre-operative clearance and post-operative therapy as no information was submitted regarding completion of any non-operative treatments indicating the need for surgical intervention at the left knee.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Left knee Arthroscopy Qty# 1:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg Chapter, Knee joint replacement (Electronically Sited)

**Decision rationale:** The injured worker complained of left knee pain. An arthroscopic procedure would be indicated at the knee provided that the injured worker meets specific criteria, including all conservative treatment. No information was submitted regarding previous completion of any conservative treatments or injections. Given this, the request is not indicated as medically necessary.

**Arthroscopy, knee, surgical; abrasion Arthroplasty (includes Chondroplasty where necessary) Qty# 1:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITIES GUIDELINES - TWC; INTEGRATED TREATMENT/DISABILITY DURATION GUIDELINES: KNEE ARTHROPLASTY

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg Chapter, Knee joint replacement (Electronically sited)

**Decision rationale:** Given that no information was submitted regarding completion of all conservative treatments this request is not medically necessary.

**Synovectomy Qty# 1:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg Chapter, Knee joint replacement (Electronically sited)

**Decision rationale:** Given that no information was submitted regarding completion of all conservative treatment including injections this request is not medically necessary.

**Pre-op clearance Qty#1:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITIES GUIDELINES, LOW BACK/PREOPERATIVE TESTING

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Preoperative testing, general (Electronically sited)

**Decision rationale:** Given the lack of medical necessity of the requested surgery the request for pre-operative clearance is not medically necessary.

**Post-op Physical Therapy/Chiropractic sessions Qty# 18:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 21.

**Decision rationale:** Given the lack of medical necessity of the requested surgery the request for post-operative physical therapy is not medically necessary.