

<b>Case Number:</b>	CM14-0136650		
<b>Date Assigned:</b>	09/03/2014	<b>Date of Injury:</b>	08/25/2012
<b>Decision Date:</b>	10/03/2014	<b>UR Denial Date:</b>	08/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/25/2014

### 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 Surgeon 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 patient is a 40-year-old male, who reported an injury on 08/25/2012 after a fall off of a ladder. The injured worker reportedly sustained an injury to his knee and shoulder. The injured worker underwent an MR arthrogram on 11/07/2013 of the right knee. Findings included osteonecrosis along the lateral femoral condyle with bone marrow edema along the lateral femoral condyle with suspicion of a contusion and no evidence of an occult meniscal or ligamentous pathology. The injured worker was evaluated on 07/28/2014. It was reported that the injured worker had severe functional limitations with mechanical symptoms nonresponsive to conservative therapies. The injured worker's diagnoses included chondromalacia of the knee, chondromalacia patella, medial epicondylitis, impingement syndrome, sprain/strain of the elbow, cubital tunnel syndrome, sprain/strain of the wrist, carpal tunnel syndrome, and sprain/strain of the ankle. The injured worker's treatment plan included surgical intervention of the right knee to include arthroscopic debridement. No physical findings were provided to support the request. A Request for Authorization, dated 07/28/2014, was 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:

**Arthroscopic Debridement:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation National Institutes of Health were referenced for synovectomy/debridement

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

**Decision rationale:** The requested Arthroscopic Debridement is not medically necessary or appropriate. The American College of Occupational and Environmental Medicine recommends surgical intervention for clinically evident functional limitations consistent with a pathology identified on an imaging study that have failed to respond to conservative treatments. The clinical documentation submitted for review did not provide any recent clinical findings to support the need for surgical intervention. Furthermore, the request as it is submitted does not specifically identify a body part. In the absence of this information, the appropriateness of the request itself cannot be determined. As such, the requested Arthroscopic Debridement is not medically necessary or appropriate.

**Knee CPM:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

**Sprix Spray 40 for 5 days:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain Chapter

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

**Physical Therapy 3x week for 4 weeks:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.