MAXIMUS Federal Services

Case Number:	CM14-0162805		
Date Assigned:	10/08/2014	Date of Injury:	07/23/2011
Decision Date:	11/20/2014	UR Denial Date:	08/28/2014
Priority:	Standard	Application Received:	10/03/2014

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:

This is a 25-year old female with a 7/23/11 injury date. The mechanism of injury was not provided. In an 8/18/14 follow-up, subjective complaints included right knee persistent pain and popping. Objective findings included medial joint line tenderness, patellofemoral joint crepitus, and tenderness under the lateral patellofemoral joint. A right knee MRI on 5/30/14 showed mild edema, small joint fluid, and degenerative changes of the posterior horn of the medial meniscus. The provider recommended right knee arthroscopic surgery. Diagnostic impression: left knee ACL tear, right knee pain.Treatment to date: left knee ACL reconstruction (3/3/14), medications, physical therapy.A UR decision on 8/28/14 denied the request for right knee arthroscopy and debridement on the basis that there is no documented functional limitation, and the MRI did not reveal any acute abnormality.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right knee arthroscopy debridement: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343-345. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Knee Chapter--knee arthroscopy.

Decision rationale: CA MTUS does not support arthroscopic surgery in the absence of objective mechanical signs, such as locking, popping, giving way, recurrent effusion or instability, and consistent findings on MRI. In addition, ODG criteria for diagnostic arthroscopy include persistent pain and functional limitations recalcitrant to conservative care, when imaging is inconclusive. However, in this case there is no documentation of objective right knee mechanical signs or instability, and there is no indication of any functional limitations resulting from right knee symptoms. In addition, the right knee MRI does not show any obvious lesions that would require immediate surgery. An intra-substance meniscal tear does not necessary require surgery. There has also not been exhaustive conservative treatment that would include a right knee cortisone injection. Therefore, the request for right knee arthroscopy debridement 29877 is not medically necessary.