

Case Number:	CM14-0175502		
Date Assigned:	10/28/2014	Date of Injury:	02/06/2013
Decision Date:	12/05/2014	UR Denial Date:	09/19/2014
Priority:	Standard	Application Received:	10/23/2014

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 Pennsylvania. 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 32-year-old female who reported an injury on 02/06/2013. The mechanism of injury involved a fall. The current diagnoses include right knee pain associated with a possible internal derangement and synovial hypertrophy, left subtalar joint pain and dysfunction, status post arthroscopic decompression and debridement, and severe exogenous obesity. The injured worker was evaluated on 09/03/2014 with complaints of persistent right knee pain, numbness along the top of the left foot, and occasional popping at the left ankle. The injured worker is status post arthroscopic left subtalar joint decompression and debridement with postoperative physical therapy. In 09/2013, the injured worker noticed pain in the right knee, attributed to overcompensation for the left ankle injury. The physical examination on that date revealed trace lateral terminal deviation, 5 degree hyperextension, 132 degrees flexion, negative effusion, minimal patellofemoral crepitus with occasional popping sound, mild medial patellar facet tenderness, trace laxity of the medial collateral ligament, and moderate medial joint line tenderness. The treatment recommendations at that time included a diagnostic arthroscopy of the right knee. It was noted that the injured worker underwent an MRI of the right knee on 08/08/2014, which indicated normal findings. There was no Request for Authorization form submitted for this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Diagnostic right knee arthroscopy, possible arthrotomy: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343-345. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 11th Edition (web), 2013 Knee & Leg; regarding Diagnostic arthroscopy

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

Decision rationale: The California MTUS/ACOEM Practice Guidelines state a referral for surgical consultation may be indicated for patients who have activity limitation for more than 1 month and a failure of exercise programs. Referral for early repair of ligament or meniscus tears is a matter for study because many patients can have satisfactory results with physical rehabilitation and avoid surgical risk. As per the documentation submitted, the injured worker's physical examination does reveal limited range of motion, trace lateral deviation, trace laxity, and moderate medial joint line tenderness. However, there was no documentation of an attempt at any conservative treatment prior to the request for a surgical procedure. Therefore, the current request cannot be determined as medically necessary at this time.