

Case Number:	CM14-0020823		
Date Assigned:	04/30/2014	Date of Injury:	11/17/2012
Decision Date:	07/08/2014	UR Denial Date:	02/12/2014
Priority:	Standard	Application Received:	02/19/2014

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 49-year-old female who injured the right knee on November 17, 2012 after a slip and fall while at work. The records provided for review document a history of an arthroscopic debridement and meniscectomy in 2003 with noted severe osteoarthritic change. The report of plain film radiographs dated October 10, 2013 revealed significant degenerative change to the right knee. The report of physical examination on December 20, 2013 by [REDACTED] noted continued complaints of pain and that the claimant was quite symptomatic. The examination findings showed range of motion from 0 to 135 degrees, 5/5 motor strength, medial joint line tenderness and no effusion or laxity. Documented at that time were the results of a previous MRI of the right knee from January 18, 2013 that showed extensive underlying chondromalacia with medial full thickness articular cartilage loss and evidence of degenerative medial meniscal pathology. Based on the claimant's failed conservative care, the recommendation was made for surgical arthroscopy.

IMR ISSUES, DECISIONS AND RATIONALES

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

RIGHT KNEE REVISION ARTHROSCOPIC DEBRIDEMENT: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 12th Edition(web), 2014, Knee-Arthroscopic Surgery for Osteoarthritis.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints
Page(s): 344-45.

Decision rationale: California ACOEM Guidelines recommend that surgical intervention in the form of arthroscopy is of limited clinical benefit in the setting of advanced degenerative arthritis. This individual has endstage degenerative arthritis of the medial aspect of the knee on imaging. There is no documentation to support the acute need for an arthroscopic procedure. Specific surgical request is not medically necessary.