MAXIMUS Federal Services

Case Number:	CM14-0022364		
Date Assigned:	05/14/2014	Date of Injury:	09/19/2013
Decision Date:	07/10/2014	UR Denial Date:	02/11/2014
Priority:	Standard	Application Received:	02/21/2014

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 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 injured worker is a 49-year-old female who reported an injury on 09/19/2013, after a trip and fall. The injured worker's treatment history included medications. The injured worker underwent a right knee MRI on 01/08/2014, that concluded there was mild to moderate osteoarthritic narrowing of the medial compartment, with a full-thickness fissuring of the posterior medial femoral condyle articular cartilage, evidence of loose bodies, small joint effusion with full-thickness fissuring of the patellar cartilage, no evidence of a lateral meniscus tear or cruciate or collateral ligamental involvement. The injured worker was evaluated on 02/04/2014. Physical findings included moderate tenderness of the medial joint line with patellar grinding, and range of motion described as 0 degrees in extension to 110 degrees in flexion. The injured worker's diagnoses included contusion of the right knee, right knee sprain/strain, and degenerative joint disease of the left knee. A request was made for a right knee arthroscopy.

IMR ISSUES, DECISIONS AND RATIONALES

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

RIGHT KNEE ARTHROSCOPY: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 344-345. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee, Indications for Surgery.

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

Decision rationale: The clinical documentation submitted for review does indicate that the injured worker has deficits that would benefit from medical treatment. The American College of Occupational and Environmental Medicine recommends surgical intervention for the knee when there are appropriately-identified lesions upon physical examination, and an imaging study that would benefit from surgical intervention and have failed to respond to conservative treatments. The clinical documentation submitted for review does provide evidence that the injured worker's pain has been managed with medications. However, there was no documentation that the injured worker has participated in any type of active therapy or failed to respond to injection therapy. Therefore, lower levels of conservative treatment have not been exhausted. Additionally, the request as it is submitted does not clearly define the surgical procedure being requested. In the absence of this information, the appropriateness of the request cannot be determined. As such, the requested Right Knee Arthroscopy is not medically necessary or appropriate.