

<b>Case Number:</b>	CM14-0024455		
<b>Date Assigned:</b>	06/11/2014	<b>Date of Injury:</b>	01/20/2013
<b>Decision Date:</b>	07/30/2014	<b>UR Denial Date:</b>	02/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/26/2014

### 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 claimant is a 64-year-old female injured on January 20, 2013. Records specific to the claimant's right knee include a December 17, 2013, follow-up report, which documents continued bilateral knee complaints, right greater than left. The physical examination showed limited range of motion with tenderness to palpation, a positive bilateral McMurray's testing and patellofemoral crepitation. The claimant was diagnosed with a knee strain and tricompartmental degenerative arthritis. The imaging included the report of an MRI performed on April 21, 2013, which showed chronic disruption of the anterior cruciate ligament (ACL), as well as severe degenerative change about the medial compartment with moderate lateral degenerative arthritis and moderate patellofemoral arthritis. Fraying at the meniscus was noted. Based on the claimant's failure to respond to conservative care, this request is for a diagnostic arthroscopy and debridement and a postoperative prescription for Norco.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Right knee diagnostic arthroscopy with debridement:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 344-345.

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

**Decision rationale:** The MTUS/ACOEM Guidelines indicate that knee arthroscopy procedures are not equally beneficial for individuals demonstrating signs of degenerative arthritis. This claimant's imaging study results and clinical presentation are consistent with end-stage degenerative arthritis. Therefore, this request would not be indicated as medically necessary.

**Norco 10/325mg #180:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for Arthritis Page(s): 80.

**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.