

Case Number:	CM14-0033013		
Date Assigned:	04/25/2014	Date of Injury:	05/12/2012
Decision Date:	07/07/2014	UR Denial Date:	01/23/2014
Priority:	Standard	Application Received:	02/18/2014

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:

This is a 56-year-old female injured on 5/12/12 after a slip and fall at work. The records provided for review documented right shoulder and right knee pain. In regard to her right shoulder, there is documentation of a prior surgical arthroscopy, subacromial decompression, lysis of adhesions, loose body removal, and rotator cuff repair performed on 12/8/12 and continued postoperative complaints of pain and stiffness. It states that recent treatment has included physical therapy, acupuncture, and medication management and has not been beneficial. The report of a post-operative MRI performed on 8/27/13 showed supra- and infraspinatus tendinosis with no full thickness tearing, arthritic changes about the acromioclavicular joint, and a degree of arthrofibrosis. The follow up office visit on 11/25/13 did not contain documentation of a formal physical examination of the shoulder. The last physical examination of the shoulder performed in June 2013 showed abduction to 90 degrees and forward flexion to 110 degrees with tenderness to palpation. The recommendation was made for a repeat arthroscopy, subacromial decompression, and "intraarticular surgery." With regard the claimant's knee, the 11/25/13 office visit documented that examination demonstrated continued tenderness of the medial joint line but no evidence of instability, a positive McMurray's test, and limited motion from 5-105 degrees. It states that the claimant also had failed conservative care. A report of a recent right knee MRI dated 11/11/13 showed degenerative changes of the medial and lateral meniscus with degenerative arthritis noted in the medial and patellofemoral joint. There were also findings consistent with patellar tendinitis. Surgical intervention in the form of a diagnostic arthroscopy was recommended.

IMR ISSUES, DECISIONS AND RATIONALES

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

RIGHT KNEE DIAGNOSTIC ARTHROSCOPY DX: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 344-345. Decision based on Non-MTUS Citation Non-MTUS Official Disability Guidelines (ODG), Knee procedure-Diagnostic arthroscopy.

Decision rationale: The report of the claimant's MRI shows no evidence of clear internal derangement that would require a surgical process. The claimant has degenerative meniscal signal changes as well as significant degenerative arthrosis to both the medial and patellofemoral compartment. The ACOEM Guidelines indicate that the role of arthroscopy in the setting of degenerative change has limited clinical merit. The absence of imaging findings supportive of a surgical process and the presence of arthrosis would not support the role of this surgery. Therefore, the request for right knee diagnostic arthroscopy DX is not medically necessary.