

Case Number:	CM14-0034156		
Date Assigned:	06/20/2014	Date of Injury:	11/30/2013
Decision Date:	08/05/2014	UR Denial Date:	03/07/2014
Priority:	Standard	Application Received:	03/19/2014

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 injured worker is a 41-year-old male who reported an injury on 11/30/2013. The mechanism of injury involved repetitive activity. Current diagnoses include osteoarthritis of the left knee, osteoarthritis of the right knee, left knee joint pain, right knee joint pain, and derangement of the left knee. The injured worker was evaluated on 02/18/2014 with complaints of 7/10 left knee pain. Physical examination revealed tenderness to palpation, decreased range of motion, and decreased strength. Treatment recommendations at that time included a left knee arthroscopy. It is noted that the injured worker underwent an MRI of the left knee on 02/05/2014, which indicated significant degenerative joint disease with joint effusion, a tear of the medial meniscus with extrusion and degenerative signal, a possible tear of the anterior horn of the lateral meniscus, and multiloculated areas of joint fluid.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left knee arthroscopy: Upheld

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

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

Decision rationale: 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 to increase range of motion and strength of the musculature around the knee. As per the documentation submitted, the injured worker's physical examination only revealed tenderness to palpation, limited range of motion, and limited strength. Although the injured worker does report 7/10 left knee pain, there is no evidence of an attempt at any conservative treatment prior to the request for a surgical procedure. Based on the clinical information received, the request is not medically necessary and appropriate.