

<b>Case Number:</b>	CM14-0035728		
<b>Date Assigned:</b>	06/23/2014	<b>Date of Injury:</b>	01/16/1992
<b>Decision Date:</b>	08/05/2014	<b>UR Denial Date:</b>	03/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/24/2014

### 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 Colorado and 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 reported injury on 01/16/1992. The documentation of 01/28/2014 revealed the injured worker was unable to toe walk and heel walk. The injured worker stooped and had an antalgic gait. The injured worker's right knee had a positive McMurray's test. The patella knee was stable to varus and valgus testing. The injured worker had tenderness to palpation over the medial joint line. The Apley's compression test was positive. The diagnosis included osteoarthritis in the bilateral knees. Treatment plan included home health for 3 days for 4 weeks and Hyalgan injections. There was no DWC Form RFA or PR-2 submitted for the requested surgical intervention.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Eval/manipulation, arthroscopy, arthrotomy, repair, reconstruction, microfracture right knee:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines; Work Loss Data Institute, LLC; Corpus Christi, TX; Section: Knee & Leg (updated 1/20/2014) Clinical Evidence: BMJ Publishing Group, Ltd.; London, England; Section: Musculoskeletal Disorders; Condition: Osteoarthritis of the Knee.

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

**Decision rationale:** The ACOEM Guidelines indicate that surgical consultations may be appropriate for injured workers who have activity limitations for more than 1 month and the failure of an exercise program to increase range of motion and strength of the musculature around the knee. The clinical documentation submitted for review failed to provide documentation of a failure of exercise program. There was no PR-2, DWC Form RFA, or MRI findings submitted for review to support the requested procedures. Given the above, the request for eval/manipulation, arthroscopy, arthrotomy, repair, reconstruction, microfracture right knee is not medically necessary.