

Case Number:	CM14-0036439		
Date Assigned:	06/25/2014	Date of Injury:	05/11/2011
Decision Date:	08/05/2014	UR Denial Date:	03/18/2014
Priority:	Standard	Application Received:	03/25/2014

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 Surgeon 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 56-year-old female who reported an injury on 05/11/2011 due to a fall that reportedly caused an injury to the patient's knee. The injured worker's treatment history included left knee arthroscopy with partial medial meniscectomy loose body removal and chondroplasty, followed by total knee arthroplasty. The injured worker had postoperative physical therapy and medications to provide pain control. The injured worker was evaluated on 03/05/2014. It was documented that the injured worker had left knee pain and mild tenderness over the Plica with restricted range of motion to 120 degrees in flexion. The injured worker's diagnoses included osteoarthritic lower leg pain and degenerative changes to the medial meniscus. A request was made for left knee diagnostic arthroscopy with scar tissue resection and postsurgical management.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Left knee diagnostic arthroscopy with scar tissue resection: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343-345. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment Index, 11th Edition (web), 2013, Knee & Leg, Diagnostic.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg Chapter, Diagnostic Arthroscopy.

Decision rationale: The requested 1 left knee diagnostic arthroscopy with scar tissue resection is not medically necessary or appropriate. The California Medical Treatment Utilization Schedule does not address diagnostic arthroscopy. The Official Disability Guidelines recommend diagnostic arthroscopy when physical findings are inconsistent with imaging studies and the injured worker has failed to respond to conservative treatments. The clinical documentation submitted for review does indicate that the injured worker participates in a home exercise program by pain management with multiple medications that have failed to resolve the injured worker's increasing knee pain. However, there is no documentation of an independent MRI that is inconsistent with the patient's physical findings. Therefore, a diagnostic arthroscopy would not be supported. As such, the requested 1 left knee diagnostic arthroscopy with scar tissue resection is not medically necessary.

1 Urinalysis: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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.