

Case Number:	CM14-0043169		
Date Assigned:	06/20/2014	Date of Injury:	05/24/2004
Decision Date:	07/22/2014	UR Denial Date:	02/19/2014
Priority:	Standard	Application Received:	03/17/2014

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:

This is a 57-year-old gentleman who sustained an injury to his left knee on 5/24/04. Following left total knee arthroscopy on 6/18/13, the claimant continued to experience pain and a postoperative bone scan did not identify any acute clinical findings. Despite an extensive work up for an infection including an aspiration, the claimant remained symptomatic. The 05/22/14 evaluation documented continued knee pain, swelling and difficulty with ambulation. Examination revealed 0-125 degrees range of motion and continued tenderness over the lateral joint line. Based on the claimant's failed post-operative care, there is a current request for surgery to include a knee arthroscopy and debridement.

IMR ISSUES, DECISIONS AND RATIONALES

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

Arthroscopy of the left knee with joint debridement: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

Decision rationale: The California ACOEM Guidelines and the Official Disability Guidelines do not recommend knee arthroscopy for the purpose of joint debridement as medically necessary.

The records document that the claimant has continued pain following total joint arthroplasty and that postoperative imaging does not identify the etiology of the pain. The role of surgical arthroscopy in the setting of a prior joint arthroplasty without documentation of a clear clinical finding would not be supported. There would also be no clinical indication for the role of this procedure for diagnostic purposes in light of the negative imaging and nonspecific physical examination findings.

Polar care rental for fourteen days: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 337-339.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Pre-operative medical clearance: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Chapter 7 Independent Medical Examinations and Consultations, page 127 The occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. A referral may be for consultation to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work. A consultant is usually asked to act in an advisory capacity but may sometimes take full responsibility for investigation and/or treatment of an examinee or patient.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Post-operative therapy times twelve: Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

